

**University General Practice (UGP)**

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Date of registration : ..... Signature: .....

**Personal data**

Surname and initials: ..... M/F: .....

First name: .....

Date of birth: ..... Place of birth: .....

Address and house number: .....

Zip code: ..... Social Security Number (BSN): .....

Tel. Home: ..... Tel. Mobile: .....

E-mail address: .....

Insurance company: ..... Insurance number: .....

Pharmacist: ..... Previous GP: .....

Name/phone nr contact person in case of emergency: .....

If present, MDN number (patient number of VUmc): .....

**Living situation**

- Single                                       Divorced                                       Widow/Widower  
 Married                                       Living together                                       Roommate

**Children, living on the same address**

(if so, please fill in only once by one of the parents or attendants)

Child 1:

Surname and first name: ..... M/F: .....

Date of birth and place: .....

Social Security Number (BSN): .....

Insurance company: ..... Insurance number: .....

Child 2:

Surname and first name: ..... M/F: .....

Date of birth and place: .....

Social Security Number (BSN): .....

Insurance company: ..... Insurance number: .....

**Education**

- No education                                       Vocational education  
 Primary school                                       Secondary school/high school  
 University                                       Other: .....

**Professional situation**

- Employed                       Unemployed

Profession (current or past):.....

**Country of origin**

Native country:.....

Native country biological father:.....

Native country biological mother:.....

**Weight and Height**

Current weight (kg):.....                      Height (cm):.....

**Lifestyle**

Smoking:      Number per day:.....      Date of quitting:.....

Alcohol:      Units per week:.....

Drugs:      If so, which?:.....

**Chronic diseases**

Has one or more of the following diseases been established by your GP or a medical specialist?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Renal disease              | <input type="checkbox"/> Rheumatic disease        |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Lung disease               | <input type="checkbox"/> Gastrointestinal disease |
| <input type="checkbox"/> Neurological disease | <input type="checkbox"/> Heart and vascular disease | <input type="checkbox"/> Psychiatric disorders    |
| <input type="checkbox"/> High blood pressure  | <input type="checkbox"/> HIV positive               | <input type="checkbox"/> Venereal disease         |

**Medical history**

Have you ever been treated by a medical specialist? If so, for which reason?

.....  
.....

Have you ever been hospitalized? If so, for which reason?

.....  
.....

**Family history**

Do any of these diseases occur in your family (father, mother, grandfather, grandmother, brother, sister, uncle and aunt)

<input type="checkbox"/> Asthma/COPD	
<input type="checkbox"/> Cancer	
<input type="checkbox"/> Cardiovascular diseases	
<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Familial hypercholesterolemia	
<input type="checkbox"/> High blood pressure	
<input type="checkbox"/> Renal diseases	
<input type="checkbox"/> Congenital diseases	
<input type="checkbox"/> Other	

**Allergies**

- Medicine, if so which: .....
- Dust mites /tree pollen, etc.:.....
- Substances, if so which.:.....
- Other: .....

**Medication**

Which medication, including the over-the-counter products are you currently using?

.....

.....

*On your first visit to the GP, please take this medication with you.*

**Additional information about training and research**

**Education and research**

UGP has, besides patient care, also a task in the education of medical students, in the vocational training of trainees in general practice and in research. If you do not wish to participate, you can tell the GP.

**Medical students**

Medical students experience medical practice in their early studies or research internships in the UGP. Senior students do their internships in the UGP. In addition, it happens that they see you as a patient first independently. Your own doctor always sees you afterwards and monitors diagnosis and treatment.

**GPs in training**

Graduate physicians who specialize in general practice work twelve months in the UGP. They have independent consultations and pay home visits. They handle this without direct intervention by the GP, unless otherwise desired. The GP in training daily discusses the patients treated by him / her with the GP trainer, so supervision is guaranteed.

**Research**

In the UGP scientific research is conducted. For this we only use anonymous patient data. These medical records are stripped of all personal data such as name, address, date of birth. Also, your doctor may ask for your cooperation to participate in a specific research project. This may mean that, for example, you are asked to answer additional questions during your consultation, you are asked to fill out a questionnaire or to visit the UGP an extra time.

*Signature for approval:*

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