



Registration form bbb dietetics

Surname:..... First name:.....
Initials:..... Birth date:...../...../.....
Email:..... Address:.....
Postcode:..... City:.....
Mobile:..... Health insurance:.....
Social security number (bsn):..... ID or driving licence number:.....

Have you visited a dietician earlier this year? CHOOSE ONE: YES/NO

If so, how many sessions:

Do you have additional or supplementary health insurance allowing you extra hours for diet advice? CHOOSE ONE: YES/NO

If so, how many hours:

Do you have a reference from your doctor or specialist? CHOOSE ONE: YES/NO

Name of doctor/specialist:

Name of practice/institute:

City of practice/institute:

Could you please bring your insurance card and ID document to your next appointment if you have not done so already.

Your appointment can be cancelled up to 24 hours ahead free of charge. If not cancelled on time you will be charged 30 euros. These costs cannot be reimbursed by your health insurance.

If you are insured with CZ or De Friesland, a reference letter is required from your doctor or specialist to be eligible for compensation. CZ also covers OHRA and Delta Lloyd.

I declare that I have filled in this document truthfully and read and understood the above information. I consent to the dietician's examination and accept full responsibility for all costs of treatments involved that are not covered by my insurance.

- Yes, I agree with the use of my personal data for the purpose of giving a good and appropriate treatment at bbb dietetics.
- Yes, I give permission for sending of the above personal information to Qualiview, which includes an invitation for a quality research.

Date:.....

Place:.....

Signature:.....