

Registration form (6 pages)

RIOzorg handles your data with care. In order to provide good care, we ask you for permission to request the following information.

I hereby give permission to the care providers who work at RIOzorg.

1. Relations to the client

- Father
- Mother
- Caretaker / Guardian
- Client

2. Who has authority/guardianship?

- Both parents
- Father
- Mother
- Other, namely

3. Client details

Name

Date of birth

Birthplace

Citizen service number

Address

Zipcode and city

E-mail address

Telephone number

In which municipality/town is the client registered?

4. Contact details of parent(s) / caregiver(s) / guardian

Status of parents

- Single
- Living together
- Married
- Divorced

Details of parent 1	Ms/Mrs/Miss Full name	
	Date of birth	
	Telephone number	
	E-mail address	

Details of parent 2	Ms/Mrs/Miss Full name	
	Date of birth	
	Telephone number	
	E-mail address	

Details of caregiver / guardian	Ms/Mrs/Miss Full name	
	Date of birth	
	Telephone number	
	E-mail address	

5. Information General Practitioner / Family Physician

Details of parent / guardian	Ms/Mrs/Miss Full name	
	Date of birth	
	Telephone number	
	E-mail address	

6. Consent

Question for parents / guardians / guardian of clients who are 4 to 16 years old:

Do both authoritative parents / guardians / guardian give permission for registration of the child?

- Yes
- No
- Not applicable

Question for clients between the ages of 12 and 16:

Does the client also consent to the registration?

- Yes
- No
- Not applicable

Question for clients aged 16 to 18:

Do you consent to your registration?

- Yes
- No
- Not applicable

7. Letter of referral or decision

Do you have a referral letter?

- Letter of referral family physician
- Letter from 'gemeente' / municipality
- Youth doctor
- Pediatrician
- Other,

How do we receive the referral letter or decision?

- It will be sent to RIOzorg by the 'gemeente' - municipality / youth doctor / pediatrician
- A copy of the referral letter / decision is enclosed with this registration form

8. School information

Name of school

Address

Zipcode and city

Phone number

Group / Class

Name of teacher

E-mail address
teacher

9. Funding for healthcare

Who pays for the healthcare?

- By the 'gemeente' / municipality
- By the school
- By myself
- With a personal budget (PGB)

10. Which location do you prefer?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Almere | <input type="checkbox"/> Bussum |
| <input type="checkbox"/> Hilversum | <input type="checkbox"/> Tiel |
| <input type="checkbox"/> Amersfoort | <input type="checkbox"/> The Hague Center |
| <input type="checkbox"/> Huissen | <input type="checkbox"/> The Hague Escamp |
| <input type="checkbox"/> Apeldoorn | <input type="checkbox"/> Veenendaal |
| <input type="checkbox"/> Leiden | <input type="checkbox"/> The Hague Ypenburg |
| <input type="checkbox"/> Arnhem | <input type="checkbox"/> Dieren |
| <input type="checkbox"/> Nijkerk | <input type="checkbox"/> Woudenberg |
| <input type="checkbox"/> Arnhem-Zuid | <input type="checkbox"/> Duiven |
| <input type="checkbox"/> Nijmegen | <input type="checkbox"/> Zeist |
| <input type="checkbox"/> Baarn | <input type="checkbox"/> Ede |
| <input type="checkbox"/> Oosterhout | <input type="checkbox"/> Elst |
| <input type="checkbox"/> Breda | <input type="checkbox"/> Gouda |
| <input type="checkbox"/> Rotterdam | <input type="checkbox"/> Velp |

11. What was your reason to choose for RIOzorg?

- By advice of the school
- By the website riozorg.nl
- On the advice of the 'gemeente' / municipality
- On the advice of the GP
- On the advice of acquaintances
- On the advice of the RID
- Other, namely

- End of registration form -

You can send this registration form to:

By post

RIOzorg
Jansbinnensingel 1
6811 AJ Arnhem

By mail

aanmelding@riozorg.nl with this form as attachment