

IHCH Intake Form

Welcome to the International Health Centre The Hague (IHCH)

This intake form is designed to help the doctor dedicate more time to direct conversation with you, and to allow us to gather important medical information that will help us care for your health and wellbeing during your stay in the Netherlands.

Personal Data

Full name: Date of birth:

Email address:

Other doctors currently providing medical treatment:

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If you have previous medical records, please bring them with you on your first visit to our Centre.

Emergency Contact Details

Person(s) to be informed in case of emergency:

1. Name: Relationship:

Telephone number:

2. Name: Relationship:

Telephone number:

Preferred emergency contact number:

Data Protection

All IHCH medical personnel, including Pharmacy and Polyclinic staff, need access to your medical records. All IHCH employees are bound by medical confidentiality.

• Date: Signature:

House Calls

For IHCH patients living more than 10 km away or more than a 15-minute drive from the International Health Centre The Hague, we are unable to provide home visits at any time. We kindly ask for your understanding.

• Date: Signature:

Exchange of Medical Data

Your medical professional may need to share important information about your health with other healthcare providers. This can only be done with your explicit permission.

You hereby authorize IHCH, including the IHCH Pharmacy, to exchange your medical data via the **Landelijk Schakelpunt (LSP)** – the National Exchange Point.

• Date: Signature:

Medical History

Please indicate if you or a family member have had any of the following conditions:

Disease/Disorder	Yourself (Yes/No)	In Your Family (Yes/No)	If Yes: Whom / Age
High blood pressure			
Diabetes mellitus			
High cholesterol			
Heart disease			
Vascular disease (e.g., thrombosis, intermittent claudication)			
Haemoglobinopathy (e.g., sickle-cell disease, thalassemia)			
Lung disease			
Cancer			
Rheumatic disease			
Autoimmune disease			
Muscle or joint disorders			
Stomach or oesophagus disorders			
Intestinal disorders			
Liver or gallbladder diseases			
Kidney diseases			
Skin conditions			
Nervous system disorders (incl. epilepsy)			
Mental health disorders			

Any specifications about your condition:

Other conditions not mentioned above:

Other doctors currently providing medical treatment:

**If you have previous medical records, please bring them with you on your first visit to our Centre.*

For Women

- Do you have children? If yes, how many?
- Have you had any significant gynaecological or obstetrical issues, recently or in the past?
- Date of last gynaecological check-up (incl. PAP test):
- Have you ever had a mammogram? If yes, when was the last one?

Previous Hospital Admissions / Specialist Treatments

Date	Operation/Admission	Location

Allergies & Medications

- Prescription medications (name, dosage, frequency):
- Over-the-counter medications or supplements (name, dosage, frequency):
.....
- Other allergies:

Lifestyle

- Weight (kg): Height (cm):
- Do you engage in physical activity? Yes / No
If yes, what type (e.g., cycling, gym)? How often per week?
- Do you drink alcohol? Yes / No
If yes, what type and how often (daily/weekly)?
- Do you smoke? Yes / No
If yes, since when? How many cigarettes per day?
- How would you rate your health over the past year (0 = very poor, 10 = excellent)?
Score:
- Would you like us to arrange a consultation to help improve your health?

Social Circumstances

- Marital status: Single / Widowed / Divorced / Separated / Married / Living with a partner
 - Occupation/job:
Are you a stay-at-home parent?
Employed (Employer name:) / Self-employed / Other:
 - Children (ages):
 - School / Kindergarten:
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Additional Services

IHCH offers a range of services you may be interested in:

- Specialist services: Cardiology, Dermatology, ENT, Gynaecology, Internal Medicine, Neurology, Ophthalmology, Paediatrics, Surgery, Urology
- Dental Care
- Special Laboratory Request
- Travel Clinic (incl. Yellow Fever Certificate)
- Health Checks (Personal, Pre-Employment, Periodic/Annual Medical Checkup, Health Declaration)
- Lifestyle (Skin Therapy, Cosmetics, Nutrition)
- Allergy Testing & Desensitization Immunotherapy, Sleep Diagnostics, Spirometry, Diabetes Program, Well-Baby & Well-Child Programs, Well Men & Women Health Check

We're happy to provide more details about our services. Please visit www.ihch.nl .

Do you have any further questions or suggestions?

Thank you for your time.