

Application form for diagnosis, second opinion or treatment at the Princess Máxima Center for Pediatric Oncology in Utrecht, the Netherlands

Date

**Name of child**

- M/F
- Child's date of birth
- Child's passport number/visa number (please add copy of passport)
- Address
- Residence
- Country

**Name of parent/caregiver 1 + 2**

- M/F
- Passport number/visa number (Add copy of passport)
- Are you a caregiver? What is your relationship to the child?
- Address
- Residence
- Country
- Telephone
- Email address

Has a (good/average/poor) command of the following languages:

- 
- 

Interpreter needed for English language?

**Name of medical specialist**

- Name of hospital
- Ward
- Address
- Town
- Country
- Telephone
- Email address
- Teleconferencing number

Speaks the following language(s):

- 
- 

**Diagnosis or medical question**

Attachments yes/no:

- Laboratory results
- Radiology results
- Treatment/therapy
- List of medication

**Other information**

Insurance:

- Name of insurer
- Policy number

If no insurance:

- Name of funder/government
- Relationship to patient

If no funder:

- Name of clinical trial sponsor or company
- Relationship to patient

Patient pays?

- Please add copy of bank guarantee

**Housing:**

- Is there a temporary residential address for a stay in the Netherlands?
- Is there help and support for a stay in the Netherlands?
- Relationship to child/parents

Signature or approval of parent/caregiver 1

Signature or approval of parent/caregiver 2

Signature or approval of medical specialist