



# Anne-Laure Lesoin

Osteopathic Manual Therapist  
D.O - France

## Confidential Patient Case History Form

Date: \_\_\_/\_\_\_/\_\_\_\_\_

### Personal Information:

First name:

Birthdate: / /

Mailing Address:

Postal Code:

Email:

Emergency Contact Information:

Name:

Last name:

Occupation:

City:

Home Phone:

Alternative Phone:

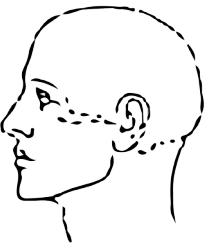
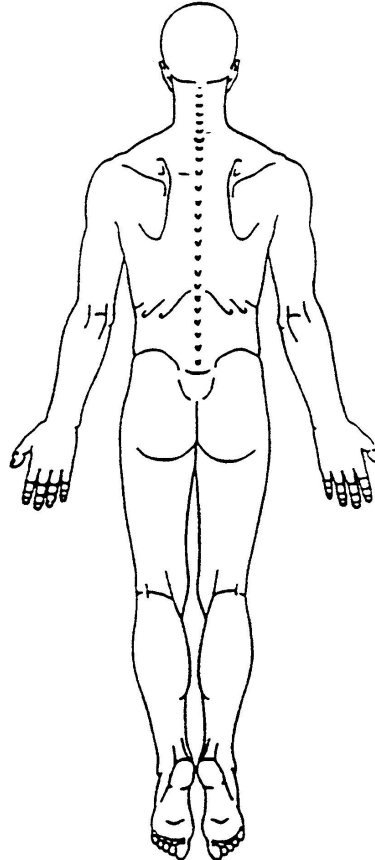
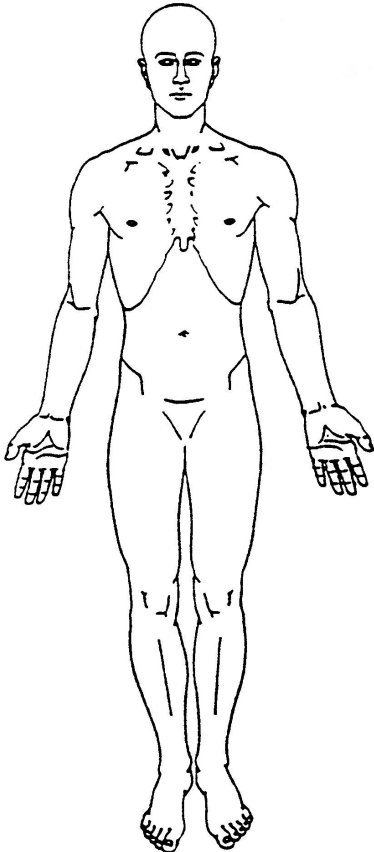
Relationship:

Phone:

### Personal Health Information:

Are you presently taking any medication?  No  Yes, Please describe below

### Indicate area of concern below:





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### Stay connected:

Would you like to sign up for our newsletter so you can keep up to date about our promotions and new treatment offers?      No            Yes     

### Consent:

In adherence to the Freedom of Information & Protection of Privacy Act, this information is strictly confidential and will be used exclusively to assist in the best treatment possible for the client below. All information become the property of Anne-Laure Lesoin Osteopathic Manual Therapist (D.O-France) and as legally required may be retained for a minimum period of seven years. I certify that the information provided on this form is true and correct to the best of my knowledge. I understand, emails' reminder are provided as a courtesy reminder and I am responsible of my schedule. I hereby agree that it is my responsibility to keep my Therapist properly informed of any changes in the state of my health, I understand and agree to these conditions.

### Cancellation Policy:

I understand that I must provide 24 hour advance notice of all cancellations. A full appointment fee will be charged for cancellations without sufficient notice.

Signature:

Date:    /    /

Guardian's Signature ( if applicable)



# **Anne-Laure Lesoin**

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## **Confidential Patient Case History Form**

In Osteopathy, we do consider your body' story since the Beginning.  
Please describe below any histories or injuries that happened to you, since your childhood.

Traumas: Car Accidents, Whiplash, Ski or Snowboarding injuries, Horse riding injuries, Broken bones, Sprained or rolled joints, Lost, Emotional, Anxiety/Depression.

Screening: X-rays, C-T Scan, MRI, ultrasound, colonoscopy or other screenings.

Surgery: Wisdom Teeth pulled out, appendectomy, tonsils out, C-section, Lasik or other surgeries.

Migraine, Headaches; Dental works (root canal, crown, pulled teeth, braces, Invisalin, clenching, grinding) TMJ issues; Eyesight issues (nearsightedness, farsightedness, astigmatism); Ear (infections, aches or tubes) Dizziness.

Bronchitis, Pneumonia, Asthma, Strep throat.

High Blood Pressure, history of stroke, cholesterol, diabetes, heart problem, phlebitis, blood clots

Digestive issues as Bloating, acid reflux, hiatal hernia, food intolerance and allergies; constipation; diarrhea; hemorrhoids; diverticulitis; IBS; blood in stools, gas, Crohn's disease, colitis, ulcers.

Urinary infection, bladder infection, kidney infection, kidney stones.

Gynecologic: issues with Periods, painful, cramps, history of endometriosis, fibroids, ovarian cysts, breast cervix uterus Cancer, Pregnancy, miscarriage, surgical abortion, menopause.

Sleep, allergies, skin conditions, chronique fatigue/pain, sport.