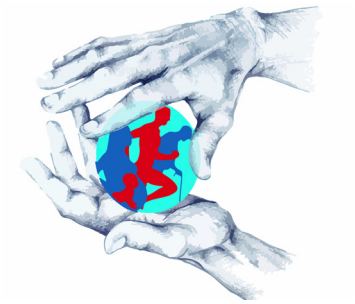


Anne-Laure Lesoin

Osteopathic Manual Therapist
D.O - France

Confidential Patient Case History Form

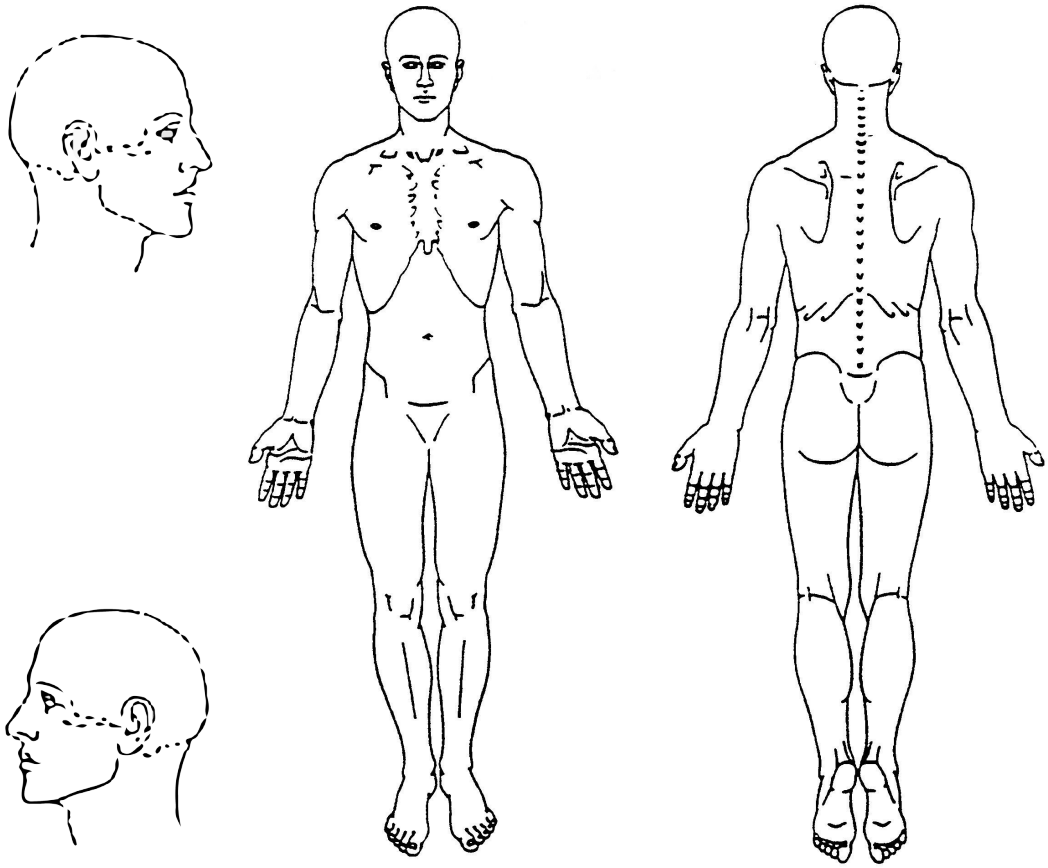
Date:___/___/_____

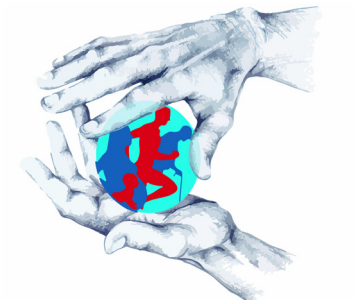
Personal Information:

First name: Last name:
Birthdate: / / Occupation:
Mailing Address: City:
Postal Code: Home Phone: Alternative Phone:
Email:
Emergency Contact Information:
Name: Relationship: Phone:

Personal Health Information:
Are you presently taking any medication? ○ No ○ Yes, Please describe below

Indicate area of concern below:





Anne-Laure Lesoin

Osteopathic Manual Therapist
D.O - France

Confidential Patient Case History Form

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:

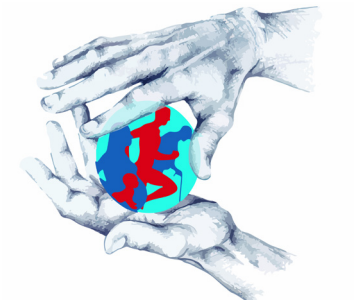
In adherence to the Freedom of Information & Protection of Privacy Act, this information is strictly confidential and will be used exclusively to assist in the best treatment possible for the client below. All information become the property of Anne-Laure Lesoin Osteopathic Manual Therapist (D.O-France) 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

Osteopathic Manual Therapist
D.O - France

Confidential Patient Case History Form

Date:___/___/_____

Baby's file:

First name: Last name: Due Date: / /

Term: Presentation: Time:

Peridurale: General Anesthesia:

Forceps: Suction Cup:

Vaginal Delivery: C-section: Meconium:

Heart beat: Apgar Test:

Induced: Ocytocine:

Resuscitation: Phototherapy:

Vaccines:

Traumas, physiques: emotional:

Breast feeding:

Colitis: Poop: