

PERSONAL INFORMATION

Name _____

Last Name _____

Nationality _____

Address _____

City _____ Postal code _____

Mobile _____

E-mail _____

Emergency contact _____

Name, Address, Telephone of the Attending Doctor _____

PRELIMINARY QUESTIONNAIRE

Pregnant women should notify the practitioner before receiving treatment.

Are you pregnant or the possibility to be? No _____ Yes _____

Current complaints _____

When did these complaints begin? _____

What makes your complaints better or worse? _____

Have you ever tried acupuncture? Yes ___ No ___

Do you have any blood complications? Yes ___ No ___

Which _____

Do you suffer from hypertension, hypotension, hyperthyroidism, hypothyroidism?

Yes ___ No ___ Which _____

Do you have heart problems, do you have a pacemaker?

Yes ___ No ___ Which _____

Do you take medication?

Yes ___ No ___ Which ones _____

Do you have a chronic disease?

Yes ___ No ___ Which _____

Do you have contagious disease?

Yes ___ No ___ Which _____

Do you have any allergies?

Yes ___ No ___ Which _____

Have you had any surgery(s)?

Yes ___ No ___

RGPD :

Consent to the use of personal data the new European Regulation on the Protection of Personal Data (RGDP General Regulation on Data Protection) imposes new obligations on organizations processing personal data within the European Union. As a result, and in order to better explain our relationship with our customers, we have updated our privacy policies and terms of use.

Implement the following security measures:

- The precautions and technical means to ensure the constant confidentiality, integrity, availability and resilience of processing systems and services;
- The pseudonymization and/or encryption of personal data (first name, last name, email, telephone number, etc.) in the event that the data is communicated outside secure processing systems;
- The right of access, rectification and deletion: the destruction of all personal data in these information systems of the service provider in the event of absence of a commercial relationship or at the simple request of the person concerned.

Date _____ Signature _____