

## EUROSTEO / Christian Albrecht D.O.M.P. / Patient information's

First Name: Birth date:  
Last Name: Age:  
Address:  
Phone: Cell: Email:  
Emergency contact Name: Phone/Email:  
Profession: Sports, activities:  
Referred by:  
Family Doctor:

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Medical history (diseases, allergies):

Medications:

Actual medical condition / Pregnancy

Other treatments lately: Osteopathy, Chiropractic, Physiotherapy, Massage therapy,  
Naturopathy, Acupuncture, Others.

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Personal file, all info's are confidential and will only be revealed to authorities with the authorization of the patient.

Hereby, by signing this page you are advised that all techniques, palpations, tests, corrections are made following the ethical rules of the Osteopathic science respecting the dignity of the patient, don't hesitate for any questions about it.

If the patient is under 18, one parent should be present during the treatment or a written authorization should be made, thank you for understanding.

Date:

Signature: