



PATIENT REGISTRATION FORM

PARCOURS DU PATIENT - PP 6.3.2

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17 ch. du Champ d'Anier, 1209 Genève, tél: +41 22 300 66 66, www.therapiedelatourelle.com

M

Ms

Child

Girl

Boy

family name

first name

date of birth

parents of

adress

postal code

town

home tel

mobile

work number

AVS n°

e-mail

HEALTH INSURANCE

name

card n°

card expiration date

ACCIDENT INSURANCE

name

claim n°

date of accident

Please hand the medical prescriptions in at the beginning of your treatment.

For any other kind of paramedical treatment, please check the extent of your cover with your complementary health insurance.

In case of cancelation, please notify us 48h in advance, otherwise the appointment will be invoiced.

On your last appointment, please pass by the reception to collect your invoice and hand in satisfaction form.

The duration of the consultation is approximately 30 minutes and starts as soon as you enter the therapy room and it includes 5 minutes taken by the therapist for administration purposes.

We would like to inform you that the data we collect are essential for operational purposes of the practice. By signing this form, you authorise the collection of these data for these purposes only.

By signing this, you declare that the above-mentioned information is true and accurate and that you have read the « PP 6.3.4 data protection » document.

date :

signature :