Application for an independent health professional to join the RESENDO network

Undersigned : ☐ *Mrs* ☐ *Mr*

Name : ....

First name : ....

Profession : ....

D.O.B. : ....

Home Address : ....

Post Code : .... *Town* ....

E mail : *(Work) :* ....
(Home) : ....

Telephon (work) Fixed : ....
(work) Mob : ……. ....
Telephon (home) : ....

Acknowledge and accept :
❐ *The statutes, charter, the provisions of the constitutive convention*
❐ *My membership of RESENDO and I pledge to adhere to the above*

Membership Fee : Ten Euros
Le Cheque to be made payable to RESENDO and to be sent to :
Me Anne Lecuna
Centre de l'Endométriose – Resendo
Groupe Hospitalier Paris Saint Joseph
185 Rue Raymond Losserand
75014 Paris

You can also, if you wish, make a donation to the network in addition to your membership fee
❐ I wish to make a donation to RESENDO for the following amount : ___________€

Paris, Date……………………………………………….

Signature

HEALTH PROFESSIONNEL ID Form		
Professions (please circle)	❒ Health Manager ❒ Midwifery Manager ❒ Breast-Feeding Consultant ❒ Ultrasound Specialist ❒ Medical Gynaecologist ❒ Gynaecologist-Obstetrician	❒ Physiotherapist ❒ General Practitioner ❒ Mother & Child (PMI) Doctor ❒ Osteopath ❒ Pediatric Psychiatrist ❒ Psychoanalyst ❒ Psychiatrisi ❒ Psychologist ❒ Psychomotrician ❒ Psychotherapist ❒ Radiologist ❒ Rheumotologist ❒ Midwife ❒ Sex Therapist ❒ Urologist
	❒ Other medical speciality (state)………………………………. Other profession (state)…………………………………………..	
Specialiy	❒ Acupuncture ❒ Addiction Specialist ❒ Art Therapy Specialist ❒ Breast-Feeding Consultant ❒ Diabetologist ❒ Ultrasound Specialist ❒ Endocrinologist ❒ Ergotherapist ❒ Ethno-psychology Specialist ❒ Gastroenterologist ❒ Pediatric Gastroenterologist ❒ Gestalt Therapist ❒ Gynaecologist-Obstetrician ❒ Haptonomist ❒ Hepatologist ❒ Homeopathic Physician ❒ Hypnotherapist ❒ Mother & Child Doctor PMI ❒ Neonatologist	❒ Nephrologist ❒ Neurologist ❒ Neuropediatrician ❒ Neuropsychologist ❒ Nutritionist ❒ Pediatric Opthalmologist ❒ Osteopath ❒ Pelvic-Perineum Specialist ❒ Pediatric Pulmonologist ❒ Psychoanalyst ❒ Psychologist ❒ Psychotherapist ❒ Radiologist ❒ Pediatric Radiologist ❒ Rhumatologist ❒ Sex Therapist ❒ Sophrologist ❒ Fertility Specialist ❒ Tabaccologist

Further information complémentaires (speciality, additional qualifications, administrative status)	
Medical Board Registration n° :	…………………………………………………………………
N° URSAFF	
N° SIRET	
Do you practise independantly?	❒ Yes ❒ No

Independant Practice	
Independant Activity	
Address	**Medical Practice name :** **Address**…………………………………………………………………………….. **Post Code**…………………………………………………………………………….. **Town**………………………………………………………………………………………
Metro / bus	
Sectorization	❒ **Sector 1** ❒ **Sector 2**
Remarks	
Affiliated Institution or Establishment	
Address	**Establishment name:** …………………………………………………………………. **Dept.** …………………………………………………………………………………….. **Address**…………………………………………………………………………….. **Post Code** …………………………………………………………………………….. **Town**………………………………………………………………………………………
Telephone (Work)	**1.** Secretary :……………………………………………………………………… **2.** Office or DECT……………………………………………………………………….
I agree to my professional contact details being published on the following lists	☐ List available to the general public and health professionals ☐ List available to professionals who are network members

Managing Disability	
Practice Accessibility	❒ Ground Floor accessible ❒ Lift accessible for wheelchairs ❒ WC accessible for wheelchairs ❒ Office accessible for wheelchairs ❒ Partial access (low step) with assistance ❒ Not accessible ❒ Motorised gynaecological table
Specialist training	❒ Sign language ❒ Other training:………………………………………..……………….. ❒ None
Type of disability managed	❒ Motor disability ❒ Visual disability ❒ Hearing disability ❒ Psychic disability

Spoken languages		
Spoken language	❒ German ❒ Arabic ❒ Italian ❒ Mandarin ❒ Tamil	❒ English ❒ Spanish ❒ Portugese ❒ Russian ❒ Other…………………..

Professional Activity	
If General Practitioner	❒ Gynaecology Check-up ❒ Pregnancy Check-up
If Gynaecologist	❒ Colposcopy ❒ Pregnancy Check-up ❒ Gynaecology Check-up ❒ Dating Ultrasound ❒ 1st Trimester obstetric ultrasound ❒ 2nd Trimester obstetric ultrasound ❒ 3rd Trimester obstetric ultrasound ❒ Referent obstetric Ultrasound ❒ Fertility Treatment
If Radiologist or Ultrasound Specialist	❒ Dating Ultrasound ❒ 1st Trimester obstetric ultrasound ❒ 2nd Trimester obstetric ultrasound ❒ 3rd Trimester obstetric ultrasound ❒ Referent obstetric Ultrasound
If Midwife	❒ Gynaecological Check-up :If yes, please give training details : …………………………………………………………………………….. ❒ IVG Medical Absortion ❒ Pregnancy Check-up with monitoring ❒ Pregnancy Check-up without monitoring ❒ Early Prenatal Consultation ❒ Preparation for Childbirth (Traditional)

	❒ Preparation for Childbirth (Haptonomy) ❒ Preparation for Childbirth (Birthing Pool) ❒ Preparation for Childbirth (Sophrology) ❒ Preparation for Childbirth (Yoga) ❒ Other …………………………………….. ❒ Manual perineal re-education ❒ Perineal re-education with Electrostimulation and Biofeedback ❒ Other, please state : ……………………………………………..…… Training details : …………………………………………………………..… …………………………………………………………………………………
	Home visit conditions :
If psychologist psychiatrist, pediatric psychiatrist, psychotherapist, psychoanalyst	❒ Focus Group ❒ Pediatric Treatments ❒ Adult Treatments ❒ Relaxation ❒ Hypnosis ❒ Tests / Pshychological assessments ❒ Pediatric psychotherapy ❒ Adult psychotherapy ❒ Couples psychotherapy ❒ Inter-cultural psychotherapy …………………………………………………………………………………
Physiotherapist Activity	❒ Pediatric Re-education ❒ Wellness Massage ❒ Respiratory bronchiolitis physiotherapy (pediatric) ❒ Re-education of swallowing and oralite (pediatric) ❒ General pediatric re-education (varus feet, torticollis…) ❒ Neuromotor pediatric re-education (Le Metayer) ❒ Neuro-orthopedic pediatric re-education (club feet, spinal problems) ❒ Post-natal re-education ❒ Manual perineal re-education ❒ Perineal re-Education with Electrostimulation and Biofeedback ❒ Other, please state : ………………………………………………..… *Please give training details :* ……………………………………………… ❒ Hypopressive abdominal re-education
Speech Therapist Activity	❒ Cranial-facial deformities ❒ Pediatric psychiatry ❒ Treatment of the very young (under 2 yrs) ❒ Neurological re-education ❒ Early deafness ❒ Swallowing problems, spoken word issues (pediatric) ……………………………………………………………………………… ………………………………………………………………………………

Reserved for administration
Tick when entered in : ❒ Table of Members ❒ Directory