Client Information

Title: \_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian (if under 18 years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Contact Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

Residential Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Landline: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

Mobile: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

Medicare Card Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Medicare Identifier (number beside your name): \_\_\_\_

If a guardian is paying for a Medicare-rebated service, would the guardian be wanting to claim the rebate?

Yes (If yes include Guardian’s Medicare information) No (Skip forward to Email)

Guardian’s Medicare Card Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Guardian’s Medicare Identifier: \_\_\_\_

Guardian’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you happy to receive nutrition information from Nutrition Health Experts via email?

Yes No

Did a medical practitioner refer you? (A referral is not essential)

Yes No

Referring Practitioner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you find out about Nutrition Health Experts?**

Medical Practitioner Internet Search Social Media Butterfly Foundation

Dietitian’s Association Internet Forum Word of Mouth Other\_\_\_\_\_\_\_\_

**How would you like to receive appointment reminders?**

Email: □ Text: □ Both: □

**HOW WE PROTECT YOUR PRIVACY**

We collect information about your health in order to make dietary recommendations. We collect information provided by you and your referring medical practitioner. We may post a letter to your referring medical practitioner following your visit to our health service. We will never disclose your personal information to anyone else without your consent. Your personal information is kept confidentially in digital format, securely stored on local PC’s and data entered into our clinical web tool known as Halaxy. Halaxy data is securely stored on Australian servers. We use personal information collected for individual assessments and managing payments. You can access your health record at any time and if you feel it is inaccurate, we will correct the information.

We require your consent to collect your health information. Please sign and date this form below.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TERMS OF ENGAGEMENT WITH OUR SERVICE**

Payment for each consultation is required on the day of service.

Payments can be made by bank card (EFTPOS), BPAY or EFT. We are a cashless clinic.

HICAPS payments are accepted at our clinic and rebates are processed at the time of payment from health insurance funds. Please contact your health fund directly for your rebate value (quote the item number 500 if it is an initial appointment and 600 for review appointments).

Patients funded by a GP Management Plan or Eating Disorder Management Plan are responsible for the payment of their consultation in the event of Medicare rejecting the claim.

**MISSED APPOINTMENT POLICY**

Whilst we don’t like sending out missed appointment fees to our clients, our missed appointment policy encourages the early cancellation of consultations that aren’t required. This allows us to help others who depend on our services.

Please keep us informed if your consultation isn’t required as early as possible to avoid these fees. A fee of $50 will be charged if you fail to attend a consultation or give less than 24 hours’ notice of cancellation. Future consultations cannot be scheduled until any outstanding fees have been paid.

All clients are required to acknowledge this policy upon engaging with our service.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (your name) understand the intent of, and agree to pay

invoices, issued to me, regarding violation of the missed appointment policy outlined above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_