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Title: _____ First name: _____ Surname: _____

Address: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Email: _____ Would you like your email address added to our

Healthy Cooking Class email list? YES / NO

DOB: _____ Age: _____ Occupation: _____

Who referred you? Or how did you find us? _____

Health Fund: _____ Extra's cover? YES / NO

Do you have a Medicare Team Care arrangement plan: YES / NO Pension Number: _____

About NuActive Health

NuActive Health has a team of practitioners which include dietitians, exercise physiologists, psychologists, and medical practitioners. We offer individual consultations, group programs including healthy cooking classes. We have now helped over 15,000 clients improve their health.

The practice sees clients for a range of health needs including, weight management, prediabetes, diabetes, cardiovascular health, PCOS, osteoporosis, eating disorders and sports nutrition, as well as a range of psychology and medical conditions.

The practice also consults to Golf Australia, a range of magazines and food companies such as Nestle and Creative Gourmet. NuActive Health have previously consulted to Diabetic Living Magazine, Better Homes and Gardens Magazine, NRL Teams, Tennis NSW, as well as many corporate companies and pharmaceutical companies.

Here at NuActive Health we are committed to providing our clients with the very best education, support and practical solutions on how to incorporate healthy eating and activity habits into your lifestyle, with the aim to help you reach your goals as easily and as quickly as it is safely possible. We want to show you how fun and easy a healthy lifestyle can be. However, we need to work together to make this successful. The more we know about you, the more we can help you and create the best nutrition and activity plan to suit your needs.

*We understand changing your lifestyle habits is not always easy, and so we try to make as minimal changes as possible, with maximal results. We are simply here to guide and help you through making these changes, so if at any time you are finding it difficult to stick to the suggested changes we will be more than happy to discuss alternatives and help you get back on track. **It is not recommended to delay appointments if you are not progressing well –we believe this is when you need to see us the most.***

By filling out this questionnaire as thoroughly and honestly as possible we can gain more information to be able to help you in the most effective way.

1. What is the main reason for you coming to see us today? _____

2. What goals do you hope to achieve with help from a Dietitian?

3. Have you ever seen a dietitian before? Yes No
4. Have you ever followed a diet or exercise plans before? Yes No

What did you do? _____

Did it help you achieve your goals at the time? Yes No

Why / why not? _____

5. What type and how much activity do you currently do?

Activity / exercise	How often	How long	Date started

6. How motivated are you to change your: Diet? (Circle 1 = not at all, 10 = very motivated)

1 2 3 4 5 6 7 8 9 10

7. How motivated are you to change your: Activity levels? (Circle 1 = not at all, 10 = very motivated)

1 2 3 4 5 6 7 8 9 10

8. Who do you live with, and who does most of the shopping and cooking? _____

Understanding your medical history and any medications / supplements you are taking also helps us to tailor advice specifically to you.

9. Please provide details of your medical history (illnesses / injuries):

- ? On referral from Dr (which I have provided today), or
- ? Details below

Condition	Date diagnosed	Family history (Y/N)

10. Please provide a list of current medications & supplements:

- ? On referral from Dr (which I have provided today), or
- ? Details below

Medication / Supplement	Reason for taking

11. Please provide any information you feel would be useful, that has not already been provided above

Consent

Personal information is handled according to the Australian and NSW Privacy Act. To facilitate effective management of your health, it may be advantageous to communicate relevant personal information to others. Please read and sign the consent below.

- 1) Consent to the release of any medical information to other health professionals as deemed necessary by your health care professional.
- 2) Consent to information being obtained from other health care professionals (GPs, Specialists etc), for the continued treatment of my medical conditions.

Print Name: _____ Signature: _____ Date: _____

Consultation Fees:

\$205 for an Initial Consultation

\$95 for Review Consultations

All consultations must be paid for at the time of the consultation no invoices issued.

Rebates are available from private health insurance policies that include extras cover for Dietitians (no referral required).

A Medicare rebate of \$58.30 is available for up to 5 consultations for those clients that have a Medicare team care arrangement /EPC plan written by their GP (this is available for people with chronic conditions only and clients must have the EPC plan in place before your consultation with the Dietitian is to qualify for the rebate at that consultation).

CHANGES OF APPOINTMENT TIME AND CANCELLATIONS:

It is appreciated if you give us as much notice as possible if you can not make an appointment. This allows us to offer the appointment to other clients in need.

Change of appointment time or cancellations can be made via – office number, your dietitian’s mobile number, or your dietitians email.

Cancellations – a minimum of 24 hours notice is required if you are unable to keep your appointment or full consultation cancellation fee will apply.

I agree to the above terms and conditions, and acknowledge that the information provided above is true and correct to the best of my knowledge.

Print Name: _____ Signature: _____ Date: _____

Skip this page
(your Dietitian will fill this in with you)

Ht: _____cm Weight: _____kg _____

Waist(bb): _____cm Waist: (min): _____cm Hip: _____cm BMI: _____kg/m² WHR: _____

Mid Arm: _____ Bust: _____ Max Thigh: _____

BF

MT

L

AT

DINNER

S

ALCOHOL, DRINKS, OTHER
DISLIKES / ALLERGIES / PACEMAKER
RESTAURANTS / TAKE-AWAYS