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Title: _	First name:		Surname:
Address	s:		
Home Pl	h:	Work Ph:	Mobile:
Email: _			Would you like your email address added to our
Healthy	Cooking Class email list?	YES / NO	
DOB:	Age:	Occupatio	on:
Who refe	erred you? Or how did you f	ind us?	
Health F	und:		Extra's cover? YES / NO
Do you h	nave a Medicare Team Care	arrangement plan: \	YES / NO Pension Number:
<u>About</u>	NuActive Health		
medical		dividual consultations	lude dietitians, exercise physiologists, psychologists, and s, group programs including healthy cooking classes. We alth.
cardiova			eds including, weight management, prediabetes, diabetes sorders and sports nutrition, as well as a range of psycholog
Creative	e Gourmet. NuActive Heal s Magazine, NRL Teams,	th have previously co	f magazines and food companies such as Nestle and onsulted to Diabetic Living Magazine, Better Homes and Il as many corporate companies and pharmaceutical
practica you read healthy	l solutions on how to incol ch your goals as easily an lifestyle can be. However,	rporate healthy eating d as quickly as it is s we need to work tog	ng our clients with the very best education, support and any and activity habits into your lifestyle, with the aim to help safely possible. We want to show you how fun and easy a gether to make this successful. The more we know about utrition and activity plan to suit your needs.
possible any time alternati	e, with maximal results. We e you are finding it difficult	e are simply here to to stick to the sugge k on track. It is not i	ways easy, and so we try to make as minimal changes as guide and help you through making these changes, so if at ested changes we will be more than happy to discuss recommended to delay appointments if you are not ed to see us the most.
	g out this questionnaire as u in the most effective way		estly as possible we can gain more information to be able to
1.	What is the main reason for	you coming to see us	today?
2.	What goals do you hope to a	achieve with help from	a Dietitian / Exercise Physiologist?

3.	Have you ever seen a dietitian before? Have you ever followed a diet or exercise plan						Yes ns before? Yes		No			
4.						se plans be				No		
		What	t did you c	lo?								_
		Did it	t help you	achieve y	your goals	s at the time	?	Yes		No		
		Why	/ why not	?								-
5.	Wha	t type an	d how m	uch activ	ity do yo	u currently	/ do?					
Activit	y / exe	rcise					How often			How long	ng	Date started
6	Цом	mativat	ad ara va	u to obor	ao voliri		Diet2 /	Cirolo 1	- not at	all 10 = van	v mativatad)	
6.			ed are yo				`	•		all, 10 = ver	y 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 l	live with,	and who	does mo	ost of the s	hoppin	g and o	cooking?			
Unders	standing	g your me	edical histo	ory and a	ny medica	ations / supp	plement	ts you a	re taking	also helps u	ıs to tailor ad	dvice specifically to
9.	Plea	se provid	de details	of your	medical l	<u>history</u> (illn	iesses i	/ injurie	es):			
		eferral fro	m Dr (whi	ch I have	provided	today), or						
Condit	tion							Da	ate diagn	osed	Far	mily history (Y/N)
				_					_			

10.	Please provide a list of current medi	cations & supplements:	
	On referral from Dr (which I have provide Details below	ded today), or	
Medica	ation / Supplement	Reason for takin	ng
			·•
11.	Please provide any information you	feel would be useful, that has not a	already been provided above
1) 2)	professional. Consent to information being obtained treatment of my medical conditions.	information to other health profession from other health care professionals	als as deemed necessary by your health care (GPs, Specialists etc), for the continued
Print N	ame:	Signature:	Date:
Consu	\$340 for an Initial Consultation \$110 for Review Consultations All consultations must be	\$440 for an ED Initial Consu \$220 for ED Review Consul paid for at the time of the consu	tations
A Medi plan wi	•	o 5 consultations for those clients the ple with chronic conditions only and c	for Dietitians (no referral required). It have a Medicare team care arrangement /EPC Clients must have the EPC plan in place before
It is ap	GES OF APPOINTMENT TIME AND preciated if you give us as much notice as tment to other clients in need.	-	pointment. This allows us to offer the
	e of appointment time or cancellations ns email.	s can be made via – office number,	your dietitian's mobile number, or your
	llations – a minimum of 24 hours notic lation fee will apply.	e is required if you are unable to k	eep your appointment or full consultation
l agree knowle		acknowledge that the information prov	vided above is true and correct to the best of my
Print N	ame:	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					
0					
S					
41 00110: 5=::	AUVO OTUEE				
	NKS, OTHER ERGIES / PACEMAKER S / TAKE-AWAYS				