



NATMED

NATURAL MEDICINE CLINIC

Please Fill Out and Bring with You for Your Child's Appointment

Today's date: _____

Welcome to NatMed. As part of our commitment to ensuring the best possible care for all our clients, it is recommended that you take a few minutes to complete the relevant forms. If there is anything that you do not understand, please ask one of our staff members. The information you provide is for our records only and confidentiality is assured.

Child's First Name: _____ Child's Surname: _____

D.O.B.: _____

Mum's name: _____ Dad's Name: _____

Address: _____ Postcode _____

Phone: (H) _____ (Wk) _____ (Mob) _____

Can we confirm appointments via home line? **(Tick)** Yes No

Email address _____

Can we confirm appointments via email? **(Tick)** Yes No

Please do not subscribe me to the e-newsletter (Tick if you *do not* wish to receive our e-newsletter)

Emergency contact: Name: _____ Best Contact Phone No: _____

Doctor's Name: _____ Phone: (Bus) _____

Present Medications / Supplements/ Contraception:

Drug Names:	Reason for taking:	Duration and dose:
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you first hear about NatMed: (please tick appropriate box and provide details where applicable)

- Internet Search NatMed Website NatMed @ the Markets Natural Therapy pages
- Referral by friend (name: _____) Referral by Professional (name: _____)
- Sign/Walk by Other (please provide details): _____

What are your primary health concerns?



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NATMED CANCELLATION POLICY

NatMed now operates with a cancellation list for appointments as we have a very high demand. This means that if you need an urgent appointment we will keep you on that list and give you the first cancellation.

In order to service all our clients better we ask that you give 48 hours notice of cancellation.

Our practitioners make sure that they are here to service their appointments and when a client does not show up or give enough notice it means that other clients miss out on the opportunity to see them.

If we receive the 48 hours notice, no fee will be charged for cancelled appointments. Failure to give appropriate notice (48 hours) results in the full consultation fee being charged.

I *(please print your name)* _____ agree to NatMed's cancellation policy for appointments (above) which states that cancellation of appointments with less than 48 hours notice will be charged to me.

Signed _____

Date _____



NUTRITIONAL HEALTH APPRAISAL

Please complete all sections of this questionnaire for your child

Were any of these an issue during pregnancy?

Nutrition e.g. iron, folate or just poor diet Yes No

If yes please explain why _____

Labour/Delivery Yes No

If yes please explain why _____

Growth and milestones, any issues? Yes No

If yes please explain why _____

Was your child breast fed? Yes No

How long for _____

How is your child's immunity? Good Fair Poor

If Poor please explain why _____

Foods or drug allergies/sensitivities	
Food allergies	
Drug allergies	
Food sensitivities	
Who have you seen about your problem so far?	
1	
2	
3	



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Please complete all sections of this questionnaire	
Please list all food types & drinks	
Breakfast today	
Lunch yesterday	
Dinner yesterday	
Typical afternoon tea	
Typical dinner	
Snacks per day	

INFORMED CONSENT & PRIVACY CLEARANCE

I (please print your name) _____ have been advised that “NatMed Natural Medicine Clinic” is not a medical practice and that my child’s naturopath is not a medical doctor. As such he/she does not practice or prescribe allopathic medicine. I understand that as a Naturopath my child’s practitioner seeks to activate and support the self-healing mechanism of the body. She/he utilises Naturopathic Medicine i.e. Nutrition, Herbal and Homeopathic Medicines and encourages preventative health care in the form of dietary, exercise and lifestyle management.

I give NatMed permission for my child’s health history to be kept on file for the purpose of naturopathic care planning and prescribing. I give NatMed permission to access my child’s past and current records, where appropriate, from other health professionals my child has or is seeing. To the best of my ability all information given here is a true and accurate representation of my child’s health.

Signed _____

Date _____