



## PATIENT INFORMATION

Name (please use your legal name): \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Email Address (please print): \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Do you have any children? YES / NO If yes, how many? \_\_\_\_\_

Occupation: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ REF: \_\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_

### **Main Health Concerns/ reasons for attending this clinic:**

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### **Previous medical history:**

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### **Current Medications (including any herbal/nutritional supplements):**

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## PATIENT MOTIVATION PROFILE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Practitioner has asked you to fill in this questionnaire to help determine why you have come to this clinic, what your health priorities are and what you expect from your treatment program

Please answer all questions as honestly as you can and provide as much information as you can. The information you provide in this questionnaire will help your Practitioner formulate a treatment plan specifically designed to help you achieve your health goals.

1. List your top three priorities in life.

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2. What three health goals can we help you achieve? How long do you think it might take you to achieve these health goals?

Health Goal	Time Frame

3. Has anything stopped you from achieving your health goals in the past? Examples of things that could stop you achieving your health goals include not enough time, lack of support or not enough money. Do you think any of these may stop you from achieving your current health goals?

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4. What has helped motivate and inspire you to make significant life changes in the past and/or what could help motivate and inspire you to make changes now? Examples may be your family or friends, a 'health scare' or a special event such as a wedding or birth of a child. Please comment on how/why these motivate you.

Health Goal Achieved	Time Frame Achieved

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# NATMED

NATURAL MEDICINE CLINIC

5. Please rate the following on a scale of 1 (poor) to 5 (excellent). Please comment on why you have given this rating.

	1	2	3	4	5	Comments
General Health and Wellbeing						
Overall quality of diet						
Sense of calm and relaxation						
Quality and quantity of sleep						
Exercise/general activity level						

6. To improve your health and wellbeing, you may be asked to make some changes to your diet and/or lifestyle. If requested by your Practitioner, how willing would you be to do the following? Please rate on a scale of 1 (not willing at all) to 5 (extremely willing). Please comment on why you have given this rating.

	1	2	3	4	5	Comments
Significantly modify diet						
Keep a record of everything you eat each day						
Engage in regular exercise/activity						
Alter your work patterns						
Practice relaxation technique(s) on a regular basis						
Modify your sleep habits						
Take nutritional and/or herbal supplements each day						
Have periodic consultations to assess your progress						

7. With our guidance and support, how confident are you in your ability to follow through on the above activities? Please rate on a scale of 1 (not confident at all) to 5 (extremely confident).

	1	2	3	4	5	Comments
Confidence						

8. How supportive do you think your family and friends will be in helping you implement the above changes? Please rate on a scale of 1 (not supportive at all) to 5 (extremely supportive).

	1	2	3	4	5	Comments
Support						



## DIET DIARY

Ideally, keep a diary for three days prior to your appointment, but if you are not able to do this, then recollect your last three days of menu below.

	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snacks</b>	<b>Water (glasses)</b>
<b>Day One</b>					
<b>Day Two</b>					
<b>Day Three</b>					

### **NATMED CANCELLATION POLICY**

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

In order to service all our clients better, we ask if you need to cancel your appointment that you give us 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 48 hours' notice, no fee will be charged for cancelled appointments. However, failure to give appropriate notice (48 hours) will result in a full consultation fee being charged to you.

I, *(please print your full name)* \_\_\_\_\_ agree to NatMed's cancellation policy for appointments as above which states that cancellation of appointments with less than 48 hours' notice will incur a consultation fee to be charged to me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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## INFORMED CONSENT & PRIVACY CLEARANCE

I, *(please print your full name)* \_\_\_\_\_ have been advised by my practitioner of 'NatMed Natural Medicine Clinic' that he/she is not a medical doctor and that NatMed is not a medical practice. As such, he/she does not practice or prescribe allopathic medicine. I understand that he/she is a Naturopath. As such he/she seeks to activate and support the self-healing mechanism of the body. He/she utilises naturopathic medicine i.e. nutrition, herbal and/or homeopathic medicines and encourages preventative health care in the form of dietary, exercise and lifestyle management.

I give NatMed permission for my health history to be kept on file for the purpose of naturopathic care planning and prescribing.

I give NatMed permission to access past and current records from other health professionals I have or am seeing as appropriate.

To the best of my ability all information given here is a true and accurate representation of my health.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## HOW DID YOU FIND OUT ABOUT THE CLINIC?

- Referral (Professional): Who? \_\_\_\_\_
- Referral (Existing Patient): Who? \_\_\_\_\_
- Google (search term): \_\_\_\_\_
- Other website link: \_\_\_\_\_
- Walk-by/ Brochure
- NatMed Website
- Contact form on website
- Returned patient
- Other: \_\_\_\_\_