

Patient information

Legal name _____

Preferred name _____

Date of birth _____ / _____ / _____

Home phone _____ Mobile _____

Address _____

Postcode _____

Email address _____

Do you have any children? (Please mark with an X) YES NO If yes, how many?

Occupation _____

Medicare No. REF Number EXP /

Emergency contact _____ Phone _____

Relationship to you _____

Main health concerns/reasons for attending this clinic

Previous medical history

Current medications including any herbal/nutritional supplements

Please continue on next page



NATMED

NATURAL MEDICINE CLINIC

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.

A) List your top three priorities in life

- 1 _____
- 2 _____
- 3 _____

B) What three health goals can we help you achieve?

How long do you think it might take you to achieve these health goals?

<i>Health goal</i>	<i>Time frame</i>
1 _____	_____
2 _____	_____
3 _____	_____

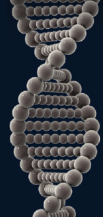
C) Has anything stopped you achieving your health goals in the past? Examples of things that could stop you achieving your health goals include not enough time, lack of support or lack of money.

D) What three health goals can we help you achieve?

How long do you think it might take you to achieve these health goals?

<i>Health goal achieved</i>	<i>Motivation</i>	<i>Time frame</i>
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Please continue on next page



NATMED

NATURAL MEDICINE CLINIC

E) Please rate the following on a scale of 1 (poor) to 5 (excellent).

Please comment on why you have given this rating. Please mark the applicable box with an X.

	1	2	3	4	5	Comments
<i>General health and well being</i>						
<i>Overall quality of diet</i>						
<i>Sense of calm and relaxation</i>						
<i>Quality and quantity of sleep</i>						
<i>Exercise/general activity level</i>						

F) 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).

Please mark the applicable box with an X.

	1	2	3	4	5	Comments
<i>Confidence</i>						

G) 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).

Please mark the applicable box with an X.

	1	2	3	4	5	Comments
<i>Support</i>						

Please continue on next page



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.

	<i>Breakfast</i>	<i>Lunch</i>	<i>Dinner</i>	<i>Snacks</i>	<i>Water/Drinks</i>
<i>Day 1</i>					
<i>Day 2</i>					
<i>Day 3</i>					

NatMed cancellation policy

NatMed 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.

Name _____ Date ____/____/____

I agree to NatMed's cancellation policy for appointments as above which states that cancellation of appointments with less than 48 hours' notice.

Signature _____

Please continue on next page



Informed consent & privacy clearance

I 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 is a current, true and accurate representation of my health.

Name _____ Date ____/____/____

Signature _____

How did you find out about the NatMed clinic?

- Referral (Professional) Who? _____
- Referral (Existing patient): Who? _____
- Google (Search term) _____
- Other website link: _____
- Walk-by/ Brochure NatMed Website
- Contact form on website Return patient
- Other _____

*Please print this page and sign where requested • Make sure all fields are complete
• Send this completed form to info@natmed.com.au • Thank you*