



Suite 8 170 George St
Liverpool 2170

Complete Nutritional Medicine
Integrative and Holistic Wellness Clinic

NEW PATIENT FORM
(all fields compulsory)

Name; _____ DOB; _____
Medicare number; _____ Reference; _____ Exp; _____
Address; _____
Home phone; _____ Mobile; _____ Email; _____
Emergency Contact; _____ Phone; _____
Ethnicity; _____ Occupation(present an past); _____

MEDICAL HISTORY

What are your complaints? _____

When did you last feel well? _____
Current Medications(including supplements); _____

Allergies to medications/supplements/foods/environmental; _____

Past Medical History and for how long; _____

Past Surgical History with dates(year); _____

Are you a Smoker? _____ How many/day? _____ When started? _____

Alcohol? _____ How many times/week? _____ How many each time? _____

DIETARY HISTORY

What does your diet consist of on an average day? Be specific and honest please.

Breakfast _____

Morning
tea/snack _____

Lunch _____

Afternoon
tea/snack _____

Dinner _____

Snack _____

Cooking Oils _____

Fish how often and type _____

How often do you exercise? _____

TERMS AND CONDITIONS

I understand;

- that the consult will not fully be covered by medicare and I will pay the full fee and get a rebate from medicare if eligible. Health fund rebates may not apply.
- **that there is a cancellation fee of 50 dollars for non attendance or cancellation with less than 1 business days notice of follow up appointments.**
- that I accept the patient terms and conditions on the website **cnmedicine.com.au**
- A \$100 deposit will be taken when you book your initial appointment (see terms and conditions).
- that some of the investigations ordered will not be covered by medicare and would have to be paid for in full.
- that treatment is often not covered by the PBS and would have to be paid for in full.
- that some treatments may be outside the parameters of conventional medicine in australia however treatment is supported by empirical knowledge and research data.
- the potential benefits and side effects of treatments will be explained and treatment is considered safe.
- that I am free to discuss this treatment with other healthcare practitioners and continue to see my regular GP and specialist.
- that I am agreeing to change my lifestyle and habits to improve my health of my own free will.
- that the doctor does not do insurance claims, centrelink or medical certificates nor prescribe any drugs of addiction.

signed; _____ date; _____

name; _____