



**Complete Nutritional Medicine**  
*Integrative and Holistic Wellness Clinic*

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## **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.
- that results of testing will NOT be released until a follow up consultation has occurred with us and results explained by the doctor.
- that if I require my results or records to be transferred to another doctor I will need to provide a transfer of medical records form from that doctor and a fee will need to be paid based on AMA rates \$38 for 33 pages or less + \$1.40 per page if more than 33 pages + GST.
- that follow up consultations costs are time based, privately billed and at the discretion of the doctor ;  
15 minutes ; \$75 (level B medicare rebate)  
30 minutes ; \$150 (level C medicare rebate)  
45 minutes ; \$225 (level D medicare rebate)  
60 minutes ; \$300 (level D medicare rebate)

signed; \_\_\_\_\_ date; \_\_\_\_\_

name; \_\_\_\_\_