



Complete Medicine
Integrative General Practice and Wellness Clinic



NEW PATIENT FORM

First Name *

Last Name *

Date of Birth *

Medicare number

Reference

Expiry

Address

Home phone

Mobile;

Email

Emergency Contact

Phone

Ethnicity

Occupation(present an past)

IMPORTANT!; Please send back to us with this form evidence of your covid 19 vaccination certificate . If you do not have one we can only offer you a telehealth consultation which is NOT medicare rebatable . It is our medicolegal right to protect our staff.

Your Health Journey

Are you ready for change?

- Strongly Disagree Disagree Neutral Agree Strongly Agree

I value my health highly.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

Addressing my health issues is now a priority in my life.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

I am now willing to work hard to achieve my health goals.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

I am responsible for achieving my health goals.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

What are your complaints?

What are your health goals? What will you feel when you have achieved your goal? LIST 3.

What have you done so far to solve this problem(s)?

Current symptom checklist

- Indigestion
- Constipation
- Excessive burping
- Diarrhoea
- Nausea or Vomiting
- Loose stools but not watery
- Abdominal Cramps or Pain
- Regular Bowel Movement
- Abdominal Bloating or Wind
- Irregular Bowel Movement
- Green or yellow coloured stools
- Black coloured stools
- Blood in stools
- Weight gain
- Weight loss
- Intolerance to cold
- Intolerance to heat
- Anxiety
- Depression
- Dizziness or feeling light headed
- Tiredness
- Palpitations
- Hair Loss
- Hot flushes
- Night sweats
- For females: Heavy periods
- Acne
- For Females: Premenstrual Tension e.g. Emotional, Breast tenderness before menstruation
- Poor Concentration or "Brain Fog"
- Headaches
- Migraines
- Muscle cramps
- White spots on nails
- Cold hands and feet
- Generalised aches and pains in muscles and joints
- Frequent viral infections
- Shortness of Breath
- Chest pain
- Breast lumps
- Lumps in armpit, groin or neck
- Blood loss from stomach or bowels
- Chronic headaches

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- Did you enjoy school? Yes _____ No _____
 - Typical grades in school: A B C D F
 - Tendency for Anger: High _____ Average _____ Low _____
 - Tendency for Anxiety: High _____ Average _____ Low _____
 - Pain threshold: High _____ Average _____ Low _____
 - Do you function well under stress? Yes _____ No _____
 - Are you competitive at sports? Very _____ Average _____ No _____

Please Select the Symptoms or Traits that Apply to You
(Family members or a carer can help fill out this form if required).

- poor stress control
- poor short-term memory
- sensitivity to bright lights
- sensitivity to loud noises
- morning nausea
- affinity for spicy and salty foods
- tendency to delay or skip breakfast
- tendency to be overweight
- very dry skin
- obsessive/compulsive tendencies
- pale skin, inability to tan
- extreme mood swings
- high irritability and temper
- history of a reading disorder
- history of underachievement
- severe inner tension
- little or no dream recall
- frequent infections
- autoimmune disorders
- premature graying of hair
- abnormal or absent menstrual periods
- ringing in the ears
- poor muscle development
- history of perfectionism
- "fruity" breath and/or body odour
- stretch marks (striae) on skin
- spleen-area pain
- severe depression
- severe anxiety
- fear of airplane travel, tornadoes, etc.
- very strong willed
- obsessions with negative thoughts
- joint pains
- delayed puberty
- poor wound healing
- dark or mauve-colored urine
- psoriasis
- tendency to stay up very late
- delusional thoughts
- auditory hallucinations
- social isolation
- enjoys spicy foods
- dry eyes and mouth
- artistic or musical ability

Any other symptoms?

Past Medical History

- High Blood Pressure
- Heart Disease
- High Cholesterol
- Asthma
- Sleep Apnoea
- Anxiety/Depression (please complete the next page)
- Chronic Fatigue Syndrome
- Fibromyalgia
- Irritable Bowel Syndrome
- Inflammatory Bowel Disease
- Diabetes
- Fatty Liver
- Hypothyroidism
- Hyperthyroidism
- Rheumatoid Arthritis
- Cancer
- Endometriosis
- Polycystic Ovaries
- Uterine Fibroids

○ Other list below

Have you had surgery in the past? If yes, please list.

Do you have any family history of any condition? If yes, please list the conditions. *

!!!!!!Do you have any relevant results to show the doctor? e.g. blood test results. If yes, please email or bring to the consult !!!!!!!!!!! (very important!!)

Medication History

Please list any types of medication you are currently taking.

Please list any drug or food allergies.

Social History

Do you smoke? *

Do you drink alcohol? *

Who is at home with you? *

How often do you exercise? *

How many hours do you sleep each night? *

Do you use screens before sleep? e.g. watch tv, laptops, phones *

Do you sleep before midnight? *

Do you wake up in the middle of the night? e.g. 2am or 3am *

Do you wake up feeling refreshed? *

Any other current stressors?

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| |
|--|

Past Stressful Events

Please list any stressful or major life events you've experienced below together with when they happened and the impact they had upon your health. e.g. Work stress in my 20's and gained weight.

Your Eating Habits

What did you eat for breakfast yesterday? *

What did you eat for lunch yesterday? *

What did you eat for dinner yesterday? *

What do you drink in the day and how much ? e.g. 2 litres of water, 3-4 cups of coffee *

Do you snack between meals? *please list the items.

Do you eat when you feel stressed, emotional or bored? *

How often do you cook your own meals? *

How often do you eat ready made meals? e.g. takeaways, restaurants

TERMS AND CONDITIONS (IMPORTANT ! Please read and sign at the bottom if you accept)

I understand;

- Integrative medical assessments, investigations and treatments may consist of a combination of pharmaceutical, lifestyle and complementary assessments and treatments. As a medical doctor, priority will be given to your acute and emerging medical needs at every appointment. All medical advice is provided within the scope of the extensive training in both mainstream and integrative medicine .
- Medical information is provided as advice and you retain the right to choose or decline any recommendations provided. Where appropriate, you may be offered a choice between conventional or complementary medicine or undertaking no treatment. At all times it remains your right to consent or decline assessments and/or treatments. You are entitled and invited to seek further information as to this advice including what evidence exists for the use of any prescribed assessment or treatment, safety and risk factors involved in an assessment or treatment, possible outcomes and costs likely to be incurred with any treatment.
- that some assessments and treatments may be considered to be outside the parameters of conventional medicine (considered “complementary, unconventional and/or emerging”) as defined by non-integrative medical doctors. You understand that some doctors may see these treatments as complementary, unconventional or emerging and may lack placebo-controlled double-blind studies of their scientific proof such that their use currently remains controversial. Some tests or treatments recommended will not be covered by Medicare and/or Private Health Insurance.
- that these integrative medical assessments and treatments are supported by empirical knowledge, used widely by successful integrative medical doctors in Australia/overseas and are only prescribed with the utmost of care. You further understand that in undertaking any form of conventional and/or complementary integrative medical assessment or treatment that results cannot be guaranteed and you accept this prospect.
- The tests, treatments and products are considered generally safe when used according to appropriate prescription and ongoing consultation with your prescribing doctor. Any specific risks associated with treatment will be discussed with you at the time of prescription.
- Any supplement recommended is selected based on quality, optimal medical formulation, high safety profile and cost effectiveness. All supplements are Therapeutic Goods Administration approved within Australia. On occasion you may be prescribed a medication “off label” (outside of TGA guidelines), the use and potential risks of which will be discussed with you.
- Supplements purchased off recommended websites like vital.ly, bioceuticals and metagenics are supplied for your convenience and a financial benefit from sale may occur. You are under no obligation to purchase supplements from these websites.
- that this written consent forms part of an ongoing relationship with additional implied and verbal consent undertaken during each subsequent appointment unless I choose otherwise. I have been invited to openly and freely discuss any aspect of my medical care that I am concerned with on an ongoing basis.
- my Rights and Responsibility in attending Dr Mehmet for medical advice and consent to my ongoing assessment and treatment of my own free will, understanding that I may choose to discuss my care and/or decline my consent at any time.
- 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 for non attendance or cancellation with less than 1 business days notice of any appointments.
- If I fail to attend my appointment without notice or with less than 1 business days notice I will be asked to pay for the missed consultation in full before rebooking an appointment. Extreme circumstances will be considered and will have to be proven to avoid this fee.
- A \$50-100 deposit will be taken when you book your initial appointment which is non refundable(see terms and conditions).
- 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.
- If I stop attending the clinic I will need to stop all supplementation and seek alternative care from another practitioner .
- that the doctor does not do insurance claims, health fund 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 for a hard copy. Electronic copies can be emailed for \$60 +GST.
- that follow up consultations costs are time based, privately billed and subject to change at the discretion of the doctor ;

| | | |
|-----------------|-------|-------------------------------------|
| 50-60 minutes ; | \$340 | (level D medicare rebate \$110.50) |
| 40-50 minutes ; | \$255 | (level D medicare rebate \$110.50) |
| 20-40 minutes ; | \$170 | (level C medicare rebate \$75.05) |
| 5-20 minutes ; | \$85 | (level B medicare rebate \$38.75). |
- During the Corona virus pandemic I will have to wear a mask during the consult and I will be temperature checked. The doctor has the right to refuse seeing me and I will be asked to get a Corona virus swab if I have any respiratory symptoms a or if I have a temperature of 37.5 or over on the day of the consult or I have been exposed to Corona virus recently.
- I will have to sign in via service nsw if I attend the clinic .
- I will provide evidence of my covid 19 vaccination status and understand that I will be given the option for telehealth consults only which are not rebatable via medicare if unvaccinated .
- At the doctors discretion I may have to do rapid antigen testing for covid 19 in the clinic in the future at my own extra cost in order to be seen in person .
- Any behaviour deemed aggressive, threatening or insulting to any practice staff member immediately disqualifies me from the practice as it deems the doctor patient relationship untenable . This will be determined by the DIRECTOR of the practice.

signed; _____ (both parents need to sign for children under 16)

name(s); _____ date; _____