

Dear \_\_\_\_\_

Welcome to Great Ideas in Nutrition! You now have at your disposal a team you can trust and interact with that you will find is positive, supportive and rewarding. You will get the most up to date tools and ideas provided in a supportive environment to help you become the best you physically can be.

Your appointment is scheduled at \_\_\_\_\_ on \_\_\_\_\_  
with Amanda Clark / Laura King / Gillian Woodward / Maree de Jonge / Bianca Krause.

## FORMS TO COMPLETE

Enclosed are your registration forms to save you time on the day. Please complete these and bring them with you. Also included is a food and exercise diary template. Consider recording your food intake and exercise along with any symptoms you're wishing to discuss from now until your appointment. This will provide additional information for your practitioner to use in determining the recommended course of action. Please read the following information prior to your appointment, and sign the client agreement form.

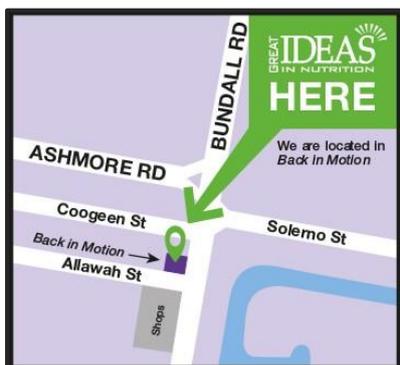
## WHERE WE ARE



### COOLANGATTA / TWEED HEADS

Shop 6, 16-20 Stuart Street

Tweed Heads NSW 2485



### BUNDALL

Back in Motion

1 Allawah Street (Corner Bundall Road)

Bundall QLD 4217

## IMPORTANT INFORMATION

Please read the following information and make sure you have been booked in at the appropriate service level.

**Initial Consultation:** 45 minutes

- Review your health history
- Assess your usual food and exercise habits
- Determine your goals
- Plan a course of action
- Body composition analysis
- Schedule optimal follow up

**Review Consultation:** 15 minutes

- Review food progression and advice
- Body composition analysis
- Develop strategies addressing barriers to success

**Bulk Billing:** 20 minutes

A limited service available for those who are financially challenged and have a 'Team Care Arrangement' referral and care plan from their GP. Note this level of service may not be sufficient for complex cases.

**Fees:** Payment is due on the day of consultation. You can choose to pay by cash, cheque, Visa, Mastercard or EFTPOS. Please note we do not accept AMEX or Diners.

**Pre-Payment Discount:** We offer a 10% discount when your payment is made at the time of booking your appointment.

**HICAPS** is available for those with private cover. Online Medicare claiming can be processed through the terminal and DVA referrals are accepted. The current Medicare rebate is \$52.95 for those on a 'Team Care Arrangement'. Consult your private health fund as rebates differ for each fund.

**Cancellation Policy:** To help provide comprehensive and cost effective services to our clients please ensure you attend at your appointed time. Every effort is made to run to schedule to respect your time also. A minimum of 24 hours' notice of an inability to attend your appointment is required so that we may offer the timeslot to someone else, failure to do so may result in you being charged for missed appointments. An appointment reminder will be made approximately 24 hours before by either phone, email, or SMS. From time to time issues may arise at short notice preventing your attendance, in these circumstances please phone with as much notice as possible and we may even be able to substitute with a telephone consultation or move you to later that day. Occasionally we may ask you to alter your appointment time, if you are unable to shift, your appointment will remain at the allotted timeslot. **Please note we operate on Queensland time.**

**Your Privacy:** Your privacy is important and handled professionally. In order to provide you with the highest standard of dietetic care, this practice is required to collect personal information from you. This information covers basic details such as your name, address, and telephone number. It is also necessary to obtain details regarding your general health, past medical and surgical events, and social circumstances. There are safeguards to protect this information and all staff are trained to respect your privacy at all times. Information and feedback may be shared with your General Practitioner or specialist if they are your referral source, or with your permission.

## CLIENT AGREEMENT

I have read and understand the information provided to me regarding my privacy and cancellation policies. I give permission for open discussion about my case between my referral source and my practitioner at Great Ideas in Nutrition.

In addition, I grant permission to discuss my health with the following health professionals / individuals:

\_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

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

- Please tick if you are happy for us to email you when we have an event or a new product that may interest you.

See how much is  
right for you  
to eat with  
Portion  
Perfection



**GREAT IDEAS**  
IN NUTRITION

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## DIETETIC RECORD

Please note, if you require assistance in completing this entire form please contact the office in advance to allow additional time for your appointment. **Please complete in ink and BLOCK LETTERS.**

Appointment Date: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_

\* As a service to our clients we will phone you prior to your appointment to remind and confirm, please tick the box to authorise our staff to speak to your spouse / partner.

Email: (to discuss your care) \_\_\_\_\_

DVA No: \_\_\_\_\_ Health Fund: \_\_\_\_\_ Extras Cover: Y / N

Referral Source: \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Food Allergies/Intolerance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What problem are you coming to discuss? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Do you have children? Y / N \_\_\_\_\_ Ages? \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Do you cook for yourself / family? \_\_\_\_\_

Exercise:

Type of Exercise	Frequency	Time Spent

## DIETARY QUESTIONNAIRE

Please outline your usual day's intake, with alternatives. E.g. breakfast: 1 large bowl of cornflakes + trim milk + 1 tsp sugar + 1 slice wholemeal toast + thin spread of butter + jam OR 2 fried eggs + 3 rashers bacon + 2 slices of white toast with butter on weekend. Please record as much details as possible and write clearly.

Breakfast	
Morning Tea	
Lunch	
Afternoon Tea	
Dinner	
Supper	
Snacks	

How many pieces of fruit do you usually have in a day?
How many glasses of fruit juice do you have a day?
How many days per week do you eat vegetables or salad?
Can you estimate your serving size of meat in grams or ounces?
How often do you eat fish?
How much milk would you consume in a day?
What type of milk do you use?
How often do you eat yogurt?
How often do you eat cheese?
What type of cheese do you eat?
Do you use butter or margarine?
Is there salt in the cooking?
Do you add salt at the table?
How often do you eat cakes or sweet biscuits?
How often do you eat chocolates or lollies?
How often do you eat nuts?
How many cups of tea or coffee do you drink per day?
How many glasses of soft drink or cordial do you drink per day?
Do you drink beer, wine, or spirits? <span style="float: right;">How many drinks per week?</span>
How many glasses of water would you drink each day?
Please list any vitamin supplements you currently take:

### 3 DAY FOOD AND EXERCISE DIARY – OPTIONAL

You may find it useful to record your actual intake over 3 days prior to your consultation with the dietitian. Make notes of any symptoms you wish to discuss related to food. E.g. bowel symptoms, energy levels, headaches. This approach aims to notice items you may not think of when answering dietary history questions.

Meal	Date:	Date:	Date:
Breakfast			
Morning Tea			
Lunch			
Afternoon Tea			
Dinner			
Supper			
Comments			
Exercise			