

*Welcome! To assist in providing you with correct nutritional advice we would appreciate you completing this form. Thank you.*

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Health Care Card / Pensioner / Full-time Student:** yes/no

**Department of Veteran Affairs No. (if applicable):** \_\_\_\_\_

**Medicare Card No:** \_\_\_\_\_ **Individual Reference No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Private Health Fund (if applicable):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Home Ph:** \_\_\_\_\_ **Mobile Ph:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**General Practitioner (GP) Name:** \_\_\_\_\_ **GP's Ph:** \_\_\_\_\_

**GP's Address:** \_\_\_\_\_

**Emergency Contact (Name & Phone Number):** \_\_\_\_\_

**Why have you come to see a dietitian?** \_\_\_\_\_

\_\_\_\_\_

**What medical conditions do you have?** \_\_\_\_\_

\_\_\_\_\_

**What medications/supplements are you taking?** \_\_\_\_\_

\_\_\_\_\_

**Which foods or medications are you allergic to?** \_\_\_\_\_

\_\_\_\_\_

**How did you find out about us?** \_\_\_\_\_

***PTO...***

**E:** [hello@smartdietetics.com.au](mailto:hello@smartdietetics.com.au) | **W:** [smartdietetics.com.au](http://smartdietetics.com.au)

**Facebook** @smartdietetics | **Instagram** @thebarossadietitian & @smart\_dietetics

## **Information for New Clients**

### **Fees and Rebates**

Please note, payment must be made on day of service.

Initial consultations (50 minutes):           \$126  
Follow up consultations (30 minutes):       \$74

You may be eligible for Private Health rebates. Check with your provider for details.

If you have a Chronic Disease Management Plan (CDMP) referral from your GP, you may be eligible for a rebate from Medicare of \$55.10 per appointment.

*A limited number of bulk billed appointments are available at a reduced time of 20 minutes. These are only available if you have a CDMP referral AND a pension card, health care card, concession card, or you are a full time student.*

*Please discuss with reception staff prior to booking if you would prefer a shorter, bulk billed appointment.*

### **Cancellations**

We understand that there are times when you cannot attend an appointment due to emergencies or obligations for work or family.

If you need to cancel or reschedule your appointment, we appreciate as much notice as possible so that we can offer your appointment to other clients on our waiting list.

***Cancellations within less than 24 hours of your appointment time may result in a cancellation fee of 50% of the appointment cost.***

Please be aware that this fee will not be covered by private health insurance, medicare or DVA.

If you are late for your appointment, you will be charged for a full consultation fee but will only receive the remainder of the consultation time.

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Please sign and date this form to acknowledge you have received and accept the above information:

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