Date: December 29, 2017  
  
**CLIENT DETAILS**  
First Name: Click here to enter text. Preferred name (if different): Click here to enter text.  
Surname: Click here to enter text.  
Date of Birth: Click here to enter a date.  
Address: Click here to enter text.  
Email Address: Click here to enter text.  
Phone Number: Click here to enter text.  
Private Health Care Fund (if covered for *Nutrition* extras): Click here to enter text.  
Preferred Consultation Location: Click here to enter text.  
**DIET HISTORY**Have you had any dietary counselling before? Choose an item.   
How long ago? Choose an item.  
Has a medical doctor or dietitian suggested diagnosed you with a food related intolerance or allergy? Choose an item. If yes, please provide some brief details: Click here to enter text.  
Has a medical doctor or dietitian suggested that you follow a special diet? Choose an item.  
If yes, please provide some brief details: Click here to enter text.  
Has another practitioner (naturopath, personal trainer, chiro etc) suggested that you follow a special diet? Choose an item. If yes, please provide some brief details: Click here to enter text.

Is one of your health goals to lose weight? Choose an item.  
Have you ever tried to lose weight? Choose an item.  
How old were you when you first tried to lose weight? Click here to enter text.  
Are you currently on a diet? Choose an item. If yes, please provide some brief details of your approach: Click here to enter text.

How often do you miss meals? Choose an item.  
How often do you snack between meals? Choose an item.  
How would you describe your body image? Choose an item.

**Tick all that apply:** Eat too much Eat too little Forget to eat  
Emotional eater Eat all the time Hungry all the time  
Late night snacking Fast eater Eat while doing other things  
No joy in eating Fussy eater Try to make healthy choices  
Unsure of what healthy choices are  Trying to restrict eating

**EXERCISE HISTORY**

How active is your job and/or home duties? Choose an item.  
How often do you exercise? Choose an item.  
What type(s) of exercise do you do? Click here to enter text.  
Please describe any injuries or health conditions that impact on your ability to exercise. Click here to enter text.

**MEDICAL HISTORY**  
Weight (kg): Click here to enter text. Height (cm): Click here to enter text.   
Have you lost or gained any weight in the past 6 months? Choose an item.  
If yes, how much? Click here to enter text.kg  
Do you drink alcohol? Choose an item. How many drinks per week? Click here to enter text.  
Have you ever smoked? Choose an item. How many per day? Click here to enter text. Date quit: Click here to enter a date.  
How many hours sleep do you get at night? Choose an item.  
Please list any medications you are currently taking (either prescribed or over the counter, even if taken occasionally). Click here to enter text.  
Please list any vitamins, minerals or other supplements you are currently taking (include brand names if possible): Click here to enter text.  
Please list any known allergens Click here to enter text.

How frequently do you have a bowl movement? Choose an item.  
Which most accurately describes the consistency? Choose an item.

What are you main current health concerns? (eg. fatigue, insomnia, skin, weight, digestive issues, constipation, etc): Click here to enter text.

Have you or anyone in your immediate (blood related) family ever had any of the following conditions?

|  |  |  |  |
| --- | --- | --- | --- |
|  | You | Family | Relationship to family member |
| Alcohol Dependency |  |  |  |
| Anxiety |  |  |  |
| Asthma |  |  |  |
| Cancer |  |  | Click or tap here to enter text. |
| Eating Disorder |  |  |  |
| Depression |  |  |  |
| Food Allergies |  |  | Click or tap here to enter text. |
| Food Intolerances |  |  | Click or tap here to enter text. |
| Heart Disease |  |  | Click or tap here to enter text. |
| High Blood Pressure |  |  | Click or tap here to enter text. |
| High Cholesterol |  |  | Click or tap here to enter text. |
| Irritable Bowel Syndrome |  |  | Click or tap here to enter text. |
| Menstrual Problems |  |  | Click or tap here to enter text. |
| Osteoporosis |  |  | Click or tap here to enter text. |
| Polycystic Ovary Syndrome |  |  | Click or tap here to enter text. |
| Type 2 Diabetes |  |  | Click or tap here to enter text. |

**OTHER INFORMATION**

If you have any other nutrition questions or concerns that you would like to address at our appointment please describe them. Click here to enter text.

**I UNDERSTAND THAT…**

Initial consultations may take up to 90 minutes.  
 I acknowledge that information I provide will be treated with complete confidentially as per the Privacy Act 1988.   
 Sarah Moore collects personal information in order to assist in the provision of her services as a Registered Nutritionist. Personal information will not be collected unless it is relevant for a purpose and will only be collected lawfully.   
 Sarah is practitioner specialising in Nutrition. I understand that Sarah is not qualified to diagnose and/or prescribe medications, and that nothing said in the course of the session should be construed as such.   
 Any pre-existing medical conditions not disclosed cannot be taken into account during consult and will not be considered therefore in any strategy discussed. I agree to keep Sarah updated as to any changes in my (or my child’s) medical profile that there shall be no liability on Sarah’s part should I forget to do so.   
 I understand that any advice I receive is provided for the basic purpose of diet and lifestyle modification. I further understand that any advice given should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, or other qualified medical specialist for any mental or physical ailment that I am aware of.   
 Initial consultations attract a one off fee of $150. Follow-up appointments thereafter are $100. You are provided with brief email support between appointments as often as required.   
 Payment is required as cash at the commencement of the appointment or via bank transfer prior.  
 Private health insurance rebates may apply, depending on your level of cover. It is up to you to determine if you are covered for *extras* including *nutritionist*. It is also your responsibility to submit your invoice to claim your rebate. Please notify Sarah of your health care provider and she will provide you with a fund specific receipt to claim your rebate.

Signature……………………………………………….. Date Click here to enter a date.

(please read, complete, print then scan this form. Or read, print, complete and bring along to your consultation).

  
Sarah Moore   
Registered Nutritionist   
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