

Thank you for choosing Sydney Sports Medicine Centre for your Dietetic consultation. We aim to provide high quality, evidence based, professional assessment, advice and care.

CANCELLATIONS

We ask that you please provide at least 24 hours notice for all cancellations and rescheduling of appointments. Cancellation of appointments or failure to attend may attract a cancellation fee as follows:

- Payment of 100% of the fee if less than 24 hours notice provided

It is not our aim to make profits from cancellation fees, rather to make sure those appointment times are kept available for others who need them, and in order that you respect your dietitian's time.

We do appreciate that, in some circumstances, short notice may occasionally be unavoidable, and discretion will be exercised in such cases.

I have read, understood and accept the dietitian cancellation policy.

Signed _____ Dated _____

Name _____ (please print)

INITIAL CONSULT FORM FOR DIETITIANS

All new clients to complete pages 1-5.

Date: _____

Name: _____

Title: _____

Preferred name: _____

DOB: _____ **Age:** _____

Gender: _____

Address: (street) _____

Address: (suburb) _____

Address: (postcode) _____

Phone number: **(home)** _____ **(mobile)** _____

Email address: _____

Occupation: _____

Health Fund: _____

Medicare number: _____

Sport/Exercise: _____

Coach: _____

Referred by: _____

Live with (circle): Alone; partner/spouse; parents/guardians; share with friends; dorm style; other

**Please indicate who
does shopping/cooking:** _____

Personal Dietary Goals or Issues

1. _____
2. _____
3. _____

Exercise Training Schedule OR I do not do regular exercise

Day	A.M. training	Mid-day training	P.M. training
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Dietitian additional comments:

Medical History

Provide details of any current health problems or illnesses

Provide details of past health problems or illnesses

Provide details of any prescription medications

Dietary Counselling

Provide details of current or past diet therapy (e.g. dietitian, alternative practitioner, weight watchers)

Dietary supplements

List supplements you are currently taking (Brand names also if possible)

USUAL Dietary Intake

Please complete this USUAL diet intake as best you can. If you kept a personal food record & have it with you then omit this section.

Breakfast:	Morning Snacks:
Lunch:	Afternoon Snacks:
Dinner:	Supper or Dessert Snacks:

Additional foods:

Fluids:

Dietitian additional comments:

DIETITIAN TO COMPLETE THIS SECTION ONLY

Fruit (serves per day)

Vegetables (serves per day)

Dairy (serves per day)

Fats and oils (serves per day)

Iron rich foods (serves per week)

Fast food/eating out (per week)

Treats (occasions per week)

Alcohol (std drinks per week)

Weight history:

Measurements:

Dietary & Lifestyle Assessment:

Education:

Management Plan:
