Welcome to Wellbeing
Inspiring women to achieve their ideal self

ABN 97 443 573 157
info@welcometowellbeing.com.au
www.welcometowellbeing.com.au

**PERSONAL DETAILS**

Name: _____ DOB: _____ /_____ /_____

Address: _____ Suburb: _____

Postcode: _____ Mobile: _____

Email: _____

GP Name: _____ How did you hear about us? _____

**My preferred clinic locations are** (tick all that apply)

□ Bondi Junction □ Drummoyne □ Hornsby □ North Sydney □ Sydney CBD

**My healthy lifestyle goals are** (tick all that apply)

□ Achieving a comfortable weight
□ Improving pre-diabetes/diabetes
□ Improving heart health
□ Curbing food cravings and/or comfort eating
□ Regulating hormones
□ Being more active
□ Having more energy
□ Body image acceptance

**POLICIES**

Our Dietitians are members of the Dietitian's Association of Australia (DAA) and are committed to DAA's Code of Professional Conduct and Statement of Ethical Practice. We are committed to maintaining the confidentiality of your personal information by complying with the Privacy Act 1988 and the Australian Privacy Principles 2014.

All sessions and all client records are confidential. This means that information about sessions is not shared with anyone but the client, and records are not accessed by anyone other than the Dietitian. If it becomes necessary to discuss a client's information with another professional involved in their care, a family member or other person, the primary client will be asked for consent. Clients referred by a General Practitioner or an Allied Health Professional will have a short written communication sent to their referrer after the initial consultation and at 3 monthly intervals.

We appreciate the value of your time. Please assist us in running on time by advising us as soon as possible if you are unable to keep an appointment. A cancellation fee of $50 may be charged if less than 24 hours' notice is given or for non-attendance without notification. We have an excellent recall system for appointments and follow-up services where you receive a confirmation reminder prior to each appointment.

By signing below you are acknowledging and accepting the above policy.

Signed: _____ Date: _____/_____/_____

**WEEKLY FOOD JOURNAL**

**Please complete the below food journal and bring along to your initial consultation.**

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|
| Date | | | | | | | |
| Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |
| Snacks | | | | | | | |
| Supplements & Medications | | | | | | | |
| Physical Activity | | | | | | | |