

Patient to complete

Date

SURNAME / FAMILY NAME *(please print clearly)*

FIRST / GIVEN NAME

DATE OF BIRTH

Day  Month  Year

AGE GENDER *(please circle)*

Male / Female

ADDRESS

  


TELEPHONE

Home

Work

Mobile

Postcode

EMAIL - It is very important that you print this clearly.

OCCUPATION

NAME OF PARENT / GUARDIAN / SPOUSE

GP / DOCTOR

Name

Medical Centre

EXERCISE

Type of Exercise

Duration / Frequency *(e.g. 30mins - 2/week)*

REFERRAL TYPE <i>(please circle)</i>	GP Newspaper Magazine	Radio Friend Family	Yellow Pages LeaStening.com	Other <input type="text"/> <i>(please state)</i>
--------------------------------------	-----------------------------	---------------------------	--------------------------------	--

Do you consent to your dietitian discussing your medical history or other treatment with your GP or Health Professionals assigned to managing your case?

Yes  No

Do you consent to email contact from Lea Stening Health?

Yes  No

Do you consent to receiving a reminder text message or call prior to appointment?

Yes  No

**TERMS AND CONDITIONS**

*The following Terms and Conditions are dated as of Nov 2008*

**Packs**

- The packs are subjected to the following Terms and Conditions
- No refund
- Credits are non-transferable
- Packs are time-limited to 3 months
- Payment is needed by the 2nd appointment, otherwise full fees apply

**Contacting you**

We reserve the right to contact you to notify you about the following unless you state otherwise:

- General enquiry regarding payment or account details
- Appointment reminders
- Unforeseen cancellations/ reschedules
- Quarterly updates on newsletters

**Payment Options**

- We accept cash, cheque or eftpos. Unfortunately we cannot accept credit cards
- Direct Banking may be made with prior arrangement and agreement with Lea before consultation commence.
- Or you can pay online via our website
- All invoices issued must be paid within 14 days (unless prior arrangement)

**Cancellation policy**

In order for our clinic to run smoothly, we appreciate you helping us keep on schedule, thus ample notice given for cancellations is much appreciated and we will gladly reschedule your appointment. A confirmation reminder call would be made a working day before your appointment. Failure to attend after confirmation will incur a full consultation fee. Please understand that your goals and success are very important to us.

I consent to the above Terms & Conditions

Signature: