Patient to Complete

DATE:

SURNAME/FAMILY NAME
(please print clearly)

FIRST/GIVEN NAME

DATE OF BIRTH

AGE

GENDER
(please circle) Male/Female

ADDRESS

Home Phone ( )

Work Phone ( )

Mobile Phone ( )

Postcode

EMAIL *(It is very important that you print this clearly)*

OCCUPATION

NAME OF
PARENT/GUARDIAN/SPOUSE

GP / DOCTOR NAME

EXERCISE Type of Exercise

MEDICAL CENTRE

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

How did you hear about us? ☐ GP ☐ TV ☐ Newspaper ☐ Magazine ☐ Friend ☐ Family
(please tick)
☐ leastening.com ☐ SizeXhange.com ☐ Other *(please state)*_____

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

Family History
Do you have a family history of:

☐ Weight Concerns ☐ Coronary Heart Disease
☐ Diabetes Mellitis ☐ Cancer

Medical History
Do you currently have any health concerns for which you are seeking medical help:

☐ Yes (please specify)
☐ No

Female Patients
Do you have regular monthly periods:

☐ Yes
☐ No

What are your current health goals?

Are there any other issues you consider important to your desired outcome.

Payment Options
• Direct debit our bank account:
Westpac 030802 0074941 02

I consent to the above Terms & Conditions

Signature:

Dietitian to Complete

☐ Weight ☐ Coronary Heart Disease ☐ Diabetes Mellitus ☐ Cancer

☐ General Nutrition ☐ Computer Assessment ☐ Sports Nutrition ☐ Allergy

OTHER

BREAKFAST

☐ Cereal ☐ Fruit ☐ Toast ☐ Protein ☐ Other

LUNCH

☐ Bread ☐ Fruit ☐ Protein ☐ Other

DINNER

☐ Meat (gms) ☐ Red (/week) ☐ White (/week) ☐ Non (/week)
☐ Potato (/week) ☐ Rice (/week) ☐ Pasta (/week) ☐ Other _____
☐ Other ☐ Green (/week) ☐ Yellow (/week) ☐ Desserts (/week)_____

TAKEAWAYS / SNACKS

☐ Freq(week) Type

FLUIDS

☐ Total (ml/day)) ☐ Tea/Coffee ☐ Milk ☐ Water ☐ Alcohol(U/week)

Other Req

DIET

CHO PRO FAT

Nutrient Inadequacies:

☐ Water ☐ Vitamin A
☐ Fibre ☐ Sodium
☐ Thiamin ☐ Potassium
☐ Riboflavin ☐ Magnesium
☐ Niacin ☐ Calcium
☐ Vitamin C ☐ Phosphorus
☐ Vitamin D ☐ Iron
☐ Vitamin E ☐ Zinc
☐ Vitamin B6 ☐ Manganese
☐ Vitamin B12 ☐ Copper
☐ Folate ☐ Selenium

Office Use:

EDI Link:

TEMPLATE OSR: M / F OR: M / F
HSR: M / F HR: M / F
☐ Child ☐ Letter

DETAILS ☐ Weight Loss ☐ Weight Gain

ADMIN ☐ Email ☐ DL ☐ N&NP ☐ DX

LINC / LMC / LMF
VER / VIS / AUD / KIN
PASSWORD ☐

DIETITIAN'S NAME

Notes: