VIKTORIA'S NATUROPATHY

www.viktoriasnaturopathy.com.au | ABN 59 210 488 072
0452 507 437 | viktorianaturopath@gmail.com

Viktoria Naumoska | Naturopath | ATMS Member No. 29164
Private health provider numbers: ARHG AT29164N | CBHS ATMS29164

Initial Consultation Intake Form

Please email your completed intake, food and lifestyle diary, and consent form to viktorianaturopath@gmail.com at least 24 hours before your initial consultation. This allows time to review your information and prepare for your appointment.

If you bring the form to your appointment or return it less than 24 hours beforehand, part of your allocated consultation time will be used to review the documentation.

If your appointment is less than seven days away, please complete as much of the diary as you can.

Date:

Name:

Date of Birth:

Email:

Phone:

Address:

Usual Occupation:

Marital Status:

Children (if any, list how many):

Usual GP (and reason for last visit):

Emergency Contact:

VIKTORIA'S NATUROPATHY
www.viktoriasnaturopathy.com.au | ABN 59 210 488 072
0452 507 437 | viktorianaturopath@gmail.com

Reason for Naturopathic Consultation

List the symptoms or conditions you would like to improve or address in this consultation. (Continue adding points if required after point 4)

1.

2.

3.

4.

VIKTORIA'S NATUROPATHY
www.viktoriasnaturopathy.com.au | ABN 59 210 488 072
0452 507 437 | viktorianaturopath@gmail.com

Current Medical History

1.

2.

3.

Details and symptoms of the above conditions. (When were you diagnosed? Frequency? What makes symptoms better/worse? Treatments and were they successful?)

What medical tests or investigations have you had recently? (Reason and results)

List any conventional medications you are taking.

List any vitamin or mineral supplements, herbs, homeopathic remedies you are currently taking.

Are you allergic or sensitive to anything? (including any herbs or drugs)

Are you currently seeing any other health practitioners? (Including physio, acupuncture, naturopathic etc. If so, when was your last visit?

Have you travelled outside the country in the past 12 months? (If so when and where)

Food and Lifestyle Diary

Viktoria's Naturopathy | www.viktoriasnaturopathy.com.au | ABN 59 210 488 072
0452 507 437 | viktorianaturopath@gmail.com

PATIENT NAME **NEXT APPOINTMENT** **DATE**

Day	Time	Meal	Food	Drink	Digestive symptoms
e.g.	12:00	L	chicken sandwich with avocado, white bread	coffee + 2 sugars	bloated and tired
DAY 1		B			
		L			
		D			
		S			
DAY 2		B			
		L			
		D			
		S			
DAY 3		B			
		L			
		D			
		S			
DAY 4		B			
		L			
		D			
		S			
DAY 5		B			
		L			
		D			
		S			
DAY 6		B			
		L			
		D			
		S			
DAY 7		B			
		L			
		D			
		S			

Examples: Drinks = tea, coffee, water, juice, soft drinks, alcohol
Digestive symptoms = headache, bloating, pain, nausea, burping, reflux, flatulence, indigestion, lethargy
B = Breakfast L = Lunch D = Dinner S = Snacks

Food and Lifestyle Diary

Viktoria's Naturopathy | www.viktoriasnaturopathy.com.au | ABN 59 210 488 072
0452 507 437 | viktorianaturopath@gmail.com

This food and lifestyle diary will help you track your daily eating habits, become more aware of your moods, discomforts and activity levels. Monitoring your daily wellbeing is a great way to get in touch with your inner health.

Day	Energy	Stress	Anxiety	Exercise	Sleep	Mood	Bowel movement
	e.g. 2/10	e.g. 2/10	e.g. 2/10	e.g. walk, 30min	e.g. poor, medium, great, interrupted	e.g. happy, sad, angry	e.g. loose, well-formed, hard
DAY 1	/ 10	/ 10	/ 10	Type = Duration =			Times per day =
DAY 2	/ 10	/ 10	/ 10	Type = Duration =			Times per day =
DAY 3	/ 10	/ 10	/ 10	Type = Duration =			Times per day =
DAY 4	/ 10	/ 10	/ 10	Type = Duration =			Times per day =
DAY 5	/ 10	/ 10	/ 10	Type = Duration =			Times per day =
DAY 6	/ 10	/ 10	/ 10	Type = Duration =			Times per day =
DAY 7	/ 10	/ 10	/ 10	Type = Duration =			Times per day =

PRACTITIONER NOTES:

VIKTORIA'S NATUROPATHY
www.viktoriasnaturopathy.com.au | ABN 59 210 488 072
0452 507 437 | viktorianaturopath@gmail.com

Informed Consent and Patient Contract

Please read the following declaration carefully and ask any questions you may have prior to your initial consultation with your practitioner.

Your responsibilities

By signing this form you declare that:

• You understand that the form of health care provided at this clinic is based on Naturopathic Medicine and other supportive principles and practices. Treatment modalities include: Naturopathy

• You recognize that even the gentlest therapies may cause complications in certain physiological conditions such as pregnancy, lactation, very young children, very elderly patients, those on multiple medications, or those with specific diseases such as heart, liver, kidney or diabetes.

• All information you have provided to your practitioner Viktoria Naumoska about your current health condition, both in your Client Intake Form and during any subsequent consultations, is true and correct to the best of your knowledge.

• You agree to inform your practitioner Viktoria Naumoska of any changes to your current medical/health condition, including any new medications, herbs, vitamins, supplements etc you are taking, any new injuries or diagnosed/undiagnosed medical conditions.

• If you are female, you agree to inform your practitioner immediately if you fall pregnant, suspect that you are pregnant, plan to fall pregnant or if you are breastfeeding.

• You understand that a health record will be kept of the information disclosed in your consultations and the treatments provided to you. This health record will be kept confidential and will not be released to any other person without your written consent, unless required by law.

• You can look at your health record at any time and can request a copy of it as required.

• Your health record may be used for research and treatment purposes, but your identity will be protected and kept confidential.

VIKTORIA'S NATUROPATHY
www.viktoriasnaturopathy.com.au | ABN 59 210 488 072
0452 507 437 | viktorianaturopath@gmail.com

Information provided and treatments prescribed

By signing this form you declare that:

• You understand that your practitioner Viktoria Naumoska holds the following qualifications: Advanced Diploma of Naturopathy

• You understand that your practitioner Viktoria Naumoska is not a medical doctor and that the information provided to you is in no way intended as medical advice, or a substitute to medical counselling and the information supplied should be used in conjunction with the guidance and care of your physician.

• You are at liberty to seek or continue medical care from a physician, or another health care provider.

• Viktoria Naumoska has not suggested or advised you to refrain from seeking care from or following the directions of another health care provider.

• You understand your practitioner will answer all questions and explain all treatments to the best of their ability and, as with any form of treatment, results and lack of side effects cannot be guaranteed.

• You do not expect your practitioner Viktoria Naumoska to be able to anticipate all risks or complications.

• You recognise that despite all precautions on behalf of your practitioner Viktoria Naumoska, there are risks of side effects/complications/illness occurring as a consequence of the use or misuse of the treatments prescribed by your practitioner Viktoria Naumoska.

• You expressly assume such risks and waive, relinquish and release any claim which you may have against your practitioner Viktoria Naumoska or their affiliates/employees/contractors as a result of any future injury, illness, liability, loss or damage incurred in connection with, or as a result of your use or misuse of prescribed treatments or advice.

Payment and Cancellation Policy

By signing this form you declare that:

• You are financially liable for all treatment rendered.

• You understand that consultations may be booked online at www.viktoriasnaturopathy.com.au or by phoning 0452 507 437.

• In-person consultations are held at Market Organics Loganholme, 1/4 Mandew Street, Shailer Park QLD 4128. Payment is made to Market Organics.

• Online and phone consultations are provided through Viktoria's private practice. Payment is made directly to Viktoria Naumoska.

• A minimum of 24 hours from the start of the scheduled appointment is required to cancel the appointment, except in the case of an emergency.

• If cancellations are within 24 hours of the start of the scheduled consultation and are not due to an emergency, you will be charged a cancellation fee of $80 which will be payable prior to scheduling your next appointment.

VIKTORIA'S NATUROPATHY
www.viktoriasnaturopathy.com.au | ABN 59 210 488 072
0452 507 437 | viktorianaturopath@gmail.com

Declaration and Consent

By signing this form you declare that:

• You have read and understand the above stated policies and information.

• You have received a full and complete explanation of the treatment and services that you may receive with Viktoria Naumoska.

• You hereby authorise and consent to treatment.

• You intend this consent form to cover the entire course of treatment you receive with Viktoria Naumoska.

• You understand you may revoke this authorisation for treatment at any time in writing.

Date:

Client Full Name:

Client Signature: