



dietitians – nutritionists – exercise physiologists

### Tree of Life Nutrition

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### New Patient Details

Salutation

Mr	Mrs	Miss	Ms
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Name:

Date of Birth:

Address:

Phone:

Mobile:

Email:

Medicare Card Number:

Medicare Card Reference:

How would you like to receive appointment reminders?

***(please note that reminders are a courtesy only and should not be relied upon solely)***

SMS	Email	Phone
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Medical Conditions:

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Medications (including contraceptive):

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### Cancellation Policy

We understand that life is hectic however we do ask for 24 hours notice for cancellations or appointment changes. Please understand that when an appointment is made, you, the client, have booked the practitioners' time. Other clients will be told that this time is unavailable.

Many practices including our own will send an invoice for this time if you, the client, fails to attend the appointment or give appropriate notice to cancel or reschedule the appointment. We appreciate your understanding in this matter.

**My signature confirms that I agree to the above conditions:** \_\_\_\_\_