



### Client Information

Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Medicare Identifier number (located next to your name): \_\_\_\_\_

Email Address: \_\_\_\_\_

### How did you find us?

Dietitians Australia Web Site

Social Media

Word of Mouth

Internet Search

Medical Practitioner: (name) \_\_\_\_\_ (clinic) \_\_\_\_\_

Other: \_\_\_\_\_

### Terms of Service

At Nourish and Treat Nutrition, I strive to provide the highest quality nutrition guidance to help my clients reach their health and wellness goals. If needed, appointments can be cancelled or rescheduled at least 24 hours in advance. A charge of \$50 is incurred for missed appointments. Payment is due on the day of service and can be made via EFTPOS, BPay or EFT. HICAPS payments are accepted at our clinic. By agreeing to the terms of service, you acknowledge that you are financially responsible for the services rendered. If you have any questions, please do not hesitate to contact me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_