# Dietitian / Nutrition Bulk billing pre-appointment form

Christopher Rauch, APD Accredited Practicing Dietitian M: 0488 999 917 E: dietitiansspc@gmail.com

a. v			/ /	( )
Given Name	Surname	Date	e of birth	Age
Address		Your	r family Doctor	r or GP Clinic
Email		_	cialist Doctor / fessional	Other health
	g the Dietitian:he Dietitian may be able to	help you with:		
"I would like the Dieti	itian to explain / answer	n		
Have you seen a dieti	tian before? Y/N			
Medical history:				

Please circle any of the following conditions that have been diagnosed?

Heart disease / cardiovascular disease
Diabetes
(What are your blood sugar levels?)
Liver disease
Kidney disease
Cancer
Osteoporosis / Osteopenia
Arthritis (Osteo / Rheumatoid?)
Other inflammatory condition / disease
Thyroid
Oral / dental issues
Have you had any major surgery?
(What/when/why?)

Any other disease/conditions?

Please indicate below when diagnosed, if it is well managed and any other important information.

Have you had any blood tests or other relevant medical tests in the last 18 months? Y / N (Please bring results to your appointment or ask your GP clinic to fax the results to SSPC) Fax: 9584 2000.



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705 Centre Rd **East Bentleigh** 3165 100 Lower Dandenong Rd **Parkdale** 3195 99 Bay Street **Brighton** 3186

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 E: reception@sspc.com.au

 Ph: 9584 2000
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 Ph: 8530 6510
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### **Current symptoms:**

Do you regularly suffer from any of the following? (C	Circle	e	ì
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Reflux **Belching Bloating** Diarrhoea Constipation Excess wind Abdominal Pain

Does this follow a particular pattern? ie: after meals, certain foods, in the morning / afternoon / evening, etc.

How many bowel movements do you have per day?

Describe any other physical symptoms that you experience?

#### **Current medications:**

#### Social:

What are your current living arrangements?

Alone / living with partner / with family / shared accommodation

What is your occupation?

Who does the cooking? Who does the shopping?

*Self / other* Self / other

#### Anthropometry:

Height..... Current Weight.....

Describe any changes in your weight (please give the timeframe for these changes)?

How has your weight been historically?

Slim / Average / Heavy

Are you aiming to -

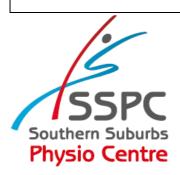
Remain weight stable / Lose weight / Gain weight / Not sure

## Physical activity?

Describe your daily level of physical activity.

Mostly sitting / Occasional activity / moderate activity / highly active

What type of exercise do you engage in? How many times per week?



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### Other considerations:

Do you suffer high levels of stress? Please rate out of 10.

Describe the quality of your sleep (Falling asleep / sleeping through / feeling rested)

How many hours of sunshine directly to face, hands and arms do enjoy on average?

- < 2 hours spread across the week
- ~ 2 3 hours spread across the week
- > 5 hours spread across the week

The dietitian will take detailed information about what you eat, however please write down if there are certain food likes, dislikes, aversions, intolerances or allergies:

are certain rood inte	e certain 1000 nices, distinces, aversions, intolerances of difergles.		
Food likes	Food dislikes	Food intolerances / allergies	
		Indicate how this was diagnosed / if it is suspected	



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