

Dietitian / Nutrition

Bulk billing pre-appointment form

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

<i>Given Name</i>	<i>Surname</i>	<i>/ /</i>	<i>()</i>
		<i>Date of birth</i>	<i>Age</i>
<i>Address</i>		<i>Your family Doctor or GP Clinic</i>	
<i>Email</i>		<i>Specialist Doctor / Other health professional</i>	

Main reason for seeing the Dietitian: _____

Other concerns that the Dietitian may be able to help you with: _____

“I would like the Dietitian to explain / answer....”

Have you seen a dietitian 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.



Physiotherapy • Clinical Pilates • Massage • Podiatry • Hydrotherapy

705 Centre Rd **East Bentleigh** 3165

100 Lower Dandenong Rd **Parkdale** 3195

99 Bay Street **Brighton** 3186

Ph: 9570 8538

Ph: 9584 2000

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Current symptoms:

Do you regularly suffer from any of the following? (Circle)

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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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:

Food likes	Food dislikes	Food intolerances / allergies
		<i>Indicate how this was diagnosed / if it is suspected</i>



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