

Naturopathic Intake Form – CONFIDENTIAL INFORMATION

WELCOME!

I hereby request acceptance as a member and recognition as a member of Divine Divergent Association, a not for profit, benevolent, Unincorporated Members Association that is religiously dedicated to *promote, provide or carry out services, facilities or projects for the benefit or welfare of the community.*
We firmly stand on the land commonly referred to as the Commonwealth of Australia.

I understand that becoming a member entitles me and others below designated with whom I may be associated, in any nature or matter, to all the benefits, services, rights and immunity afforded by mutual agreement and arrangement under the mutuality principle as a woman and or man exercising mutuality within the jurisprudence By-Laws of Divine Divergent Association.

By acceptance and recognition with Divine Divergent Association, I agree to pledge \$ 200 as consideration to become a reciprocal member.


My "yes" means yes and "No" means no.

Please circle board member you willingly choose to control the common fund.

☒ Chair ☐ Treasurer ☐ Secretary

I state that I am not acting as an agent of any government, as an agent of any revenue agency or service of Australia or United Nations and that I am aware that any such agency is void of authority in all matters hereto related to this mutual member agreement.

Signed and dated this 1st day of October A.D.
20 25



Autograph of Requester

Autograph of

Requestor

Acceptance is hereby acknowledged. The above Member and associates are recognised as a Member in good standing until otherwise described and duly noticed in writing.

Name: TRISH HAMMOND

Gender: F

DOB: 9/12/63

Address: 18 SWELL AVE

Email:

Suburb: SKENNARS HEAD

City:

NSW

P/C: 2478

Home phone:

Mobile: 0438599833

Occupation: DIGITAL MARKETER

Emergency contact: 0402755770

contact's phone: BLUR

Marital status (please circle) Single / Defacto ☒ Married / Separated / Divorced / Widowed

Children: ☒ YES ☐ NO

If yes, how many children?

2 - 34 + 28

Regular is: Dr Gemma Bultjouw doctor

Address: Bangala Medical Centre

Are you currently taking any medications? YES NO

If yes, please list name and reason for medications:

<u>VALTREX (As needed for flare ups)</u>	<u>THC for sleep</u>
<u>PROGESTERONE</u>	<u>Allergic (Cat Allergy)</u>
<u>ESTROGEN</u>	<u>I have a CAT</u>

Are you pregnant? YES NO Are you breastfeeding? YES NO

Do you have any known allergies to: medications / food / environmental (dust, pollen, fragrances)?

Penicillin, Latex, Tape, CATS, GRASS

The motivation for booking my appointment today is: Feeling like crap ATM

I heard about this clinic through: (please circle)

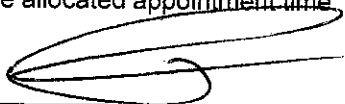
Lucy Holland Naturopath Website / Practitioner / Word of mouth referral - who? Facebook / Instagram / Web search / Other:

Friend - Lucy ☺

Cancellations must be made within 24hrs of your appointment or will be subject to a cancellation payment.

We are a busy clinic and No shows require full payment. As you may appreciate, another client may have been able to use the allocated appointment time. Please sign if you understand and agree to the terms.

Signature:



Date:

1/10/25