- You assume such risks and waive, relinquish and release any claim which you may have against your practitioner or their affiliates/employees/contractors as a result of any future injury, illness, liability, loss or damage incurred in connection with, or as a result of your use or misuse of prescribed treatments or advice.

Payment and Cancellation Policy

By signing this form you declare that:

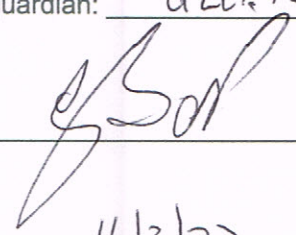
- You are financially liable for all treatment rendered.
- A minimum of 24 hours from the start of the scheduled appointment is required to cancel the appointment, except in the case of an emergency.
- If cancellations are within 24 hours of the start of the scheduled consultation and are not due to an emergency, you will be charged a cancellation fee of $50 which will be payable prior to scheduling your next appointment.

Declaration and Consent

By signing this form you declare that:

- You have read and understand the above stated policies and information.
- You have received a full and complete explanation of the treatment and services that you may receive at Casey Clements Naturopathy.
- You hereby authorize and consent to treatment.
- You intend this consent form to cover the entire course of treatment you receive at Casey Clements Naturopathy.
- You understand you may revoke this authorization for treatment at any time in writing.

Name of client / guardian: GLENN BAILEY

Signature: 

Date: 16/3/22

Phone: 0416 373 923
Email: caseyclementsnaturopathy@gmail.com.au
www.caseyclementsnaturopathy.com.au
ANTA Member #23080

CASEY CLEMENTS
naturopathy

New Client Form

First name: GLENN Surname: BAILEY
Date of Birth: 8/10/61 Age: 60 Gender: MALE
Address: 6 HIGHGATE RETREAT, CRAIGIEBURN, VIC.
Postcode: 3064
Mobile: 0412 099 132
Email: GLENN@BAILEYANA.NET.AU
Nationality: AUSTRALIAN Marital Status: MARRIED
No. of Children: 2 Occupation:
GP: DR. SINGH GP Phone : (03) 9308 1155
Emergency Contact: WENDY BAILEY Relationship: SPOUSE
Emergency phone: 0412 086 958
How did you hear about me / who referred you? FAMILY REFER

Pre-assessment Questionnaire:

What are your main health issues concerning you today?

STOMACH DISCOMFORT, ACHING/SORE JOINTS

Treatment to Date:

ONGOING SPECIALIST CONSULTATIONS/TESTING.

What other major health issues have you had in the past? *(list anything you feel relevant)*

EYE TRAUMA + CORNEAL GRAFT.

Phone: 0416 373 923
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ANTA Member #23080

Are you a smoker? NO

If yes, how many per day? -

Are you trying to stop smoking? -

Dietary Analysis

Please provide an overview of what you would usually eat on an average day. This is an estimate only:

BREAKFAST:

COFFEE, BANANA

LUNCH:

SANDWICH

DINNER:

STEAK, MASHED POTATOE + PUMPKIN + 1 OTHER VEGETABLE

SNACKS:

PUNNET BLUEBERRIES, CHEESE + DRY BISC.

BEVERAGES (hot & cold & alcoholic):

COFFEE (MILK, NO SUGAR), WATER, GLASS RED WINE
OCCASSIONAL - COKE - NO SUGAR

Do you drink tea / coffee? If yes, how many (and add milk / ~~sugar~~) COFFEE - 6/DAY - MILK ONLY

Do you drink soft drink? If yes, how often (and type) COKE NO SUGAR - 1/DAY - INTERMITTENT

How many pieces of fruit do you eat per day? 2

How many serves of vegetables per day (1 cup = 1 serve)? 2 - APROX 4 TIMES/WEEK

How many serves of protein do you eat per day (eg meat, chicken, fish)? 1

Do you eat cakes, muffins or sweet biscuits? If yes, how often? YES - RARELY

Do you eat takeaway food? If yes, how often YES - RARELY

Do you eat lollies, chocolate, ice-cream or other sweets? If yes, what and how often

ICE-CREAM - OCCASSIONAL, CHOCALATE BAR - 2/WK

I declare that the above information provided by me is true and correct to the best of my knowledge:

Signed: [signature]

Dated: 16/3/22

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