connecthealthcare

dietetics pre-consult form

general information

Full Name: _____ Date of Birth: _____ / _____ / _____

medical history

Do you suffer from any diseases/conditions? if so, please list: _____

_____

_____

Have you ever been diagnosed with any of the following *(please tick)*?

- ☐ High or low blood pressure
- ☐ Iron deficiency
- ☐ Thyroid conditions (e.g. Hypo/hyper)
- ☐ Autoimmune conditions
- ☐ Cancer
- ☐ Diabetes or insulin resistance
- ☐ Osteopenia or osteoporosis
- ☐ Metabolic syndrome
- ☐ High cholesterol
- ☐ Depression
- ☐ Eating disorder
- ☐ Irritable bowel syndrome
- ☐ Coeliac disease
- ☐ Chronic wounds/poor wound healing

Any relevant condition not listed: _____

Please list any current medications that you are taking, *including herbal and/or nutritional supplements*:

_____

_____

_____

Do you have any family history of *(please tick):*

- ☐ Heart conditions
- ☐ Diabetes
- ☐ Stroke
- ☐ Cancer
- ☐ Autoimmune disease
- ☐ Nervous system disease
- ☐ Genetic disorders

Are you currently pregnant or trying to conceive? Yes / No

Are you currently breastfeeding? Yes / No

Do you smoke? Yes / No *If yes, amount per day:* _____

Do you consume alcohol? Yes / No *If yes, amount (glasses) per day:*_____ *or per week:* _____

patient information

Please read the following information carefully before signing.

1 Informed Consent

1.1 I consent to Connect Healthcare Dietitian, Tasha Koerner-Bungey, to provide dietetic counselling to myself or the patient I am legally responsible. Education and counselling will be patient-centred and related to health factors within the patient and/or guardians' own control i.e. diet, nutrition, lifestyle.

1.2 I acknowledge that my dietitian will ask me questions regarding medical history, symptoms, diet, lifestyle in order to provide the best assessment, education and ongoing care. I acknowledge that I have a responsibility to provide responses as accurately as I can in order to receive this level of care. I acknowledge that withholding or falsifying information may act against the best interests of my progress.

1.3 I understand that my dietetic care provider is an Accredited Practising Dietitian, and not a medical physician. Tasha will not diagnose or medically treat any conditions, however, will provide dietetic support for any existing diagnosed condition.

Patient Name: _____ Date: _____

Signed: _____