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**SIMPLE AND EASY NUTRITION  
OUTLINE OF PRACTICE, DISCLOSURE CONSENT AND ACKNOWLEDGEMENT OF CANCELLATION  
POLICY**

Thank you for choosing *Simple and Easy Nutrition* for your dietetic needs. We provide individual dietary advice for adults regarding a range of health and medical conditions. All advice given by *Simple and Easy Nutrition* is evidence-based and makes the science of nutrition easy for you to understand.

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**WHAT DO DIETITIANS DO?**

Accredited Practising Dietitians (APDs) have the qualifications and skills to provide expert nutrition and dietary advice. APDs are university-qualified professionals that undertake ongoing training and education programs to ensure that they are your most up-to-date and credible source of nutrition information, in line with DAA Professional Standards. Suraya, director of *Simple and Easy Nutrition*, will assess your diet and lifestyle to advise you on suitable suggestions to improve your current situation.

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**DISCLOSURE CONSENT**

I, \_\_\_\_\_

(Full Name or Legal Guardian's name - please print clearly),

consent to the disclosure of my medical, dietetic and personal history (that is relevant to my condition) to Suraya Nikwan APD (Allied Health Practitioner), at *Simple and Easy Nutrition*. The information may also be shared with Medical practitioners and Institutions who may require information about my medical history, but only to the extent necessary to access/treat the particular condition that I have consulted the dietitian about. I understand that I can retract this consent at any time and to do this I must do so in writing.

Signature: ..... Date: ...../...../20....

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**CANCELLATION POLICY**

At Simple and Easy Nutrition, we ask that if you need to cancel your scheduled appointment, at least 24 hours notice is given.

- Payment of 50% of the consultation fee is required for cancellations or rescheduled appointments within 24hours
- Non-attendance will attract 100% of the consult fee

This policy is in order to ensure that those appointment times are kept available for others who need them. We do appreciate that, in some circumstances, short notice may occasionally be unavoidable, and discretion will be exercised in such cases.

I, \_\_\_\_\_

(Full Name or Legal Guardian's name - please print clearly), have read, understood and accept this policy.

Signature: ..... Date: ...../...../20....

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## Patient Pre-Assessment Form

I'm pleased that you're here to make a lifelong change for your health through your diet! To assist with the consultation, kindly complete the sections below.

**Title:** \_\_\_\_\_ **Surname:** \_\_\_\_\_ **Given name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_  
**Phone:** (H) \_\_\_\_\_ (M) \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Medicare Number:** \_\_\_\_\_ **Pension or DVA Number:** \_\_\_\_\_  
**Health Fund:** \_\_\_\_\_ **Membership No:** \_\_\_\_\_  
**Are you covered for dietetics/extra services:** Y/N **Usual General Practitioner:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_ **Family Role:** \_\_\_\_\_

**Q: Have you seen a dietitian before? If yes, outline reasons.**

Current Weight: \_\_\_\_\_ kg (Date: \_\_\_\_\_) Height: \_\_\_\_\_ cm  
 Weight History: 6 months: \_\_\_\_\_ kg; 1 year ago: \_\_\_\_\_ kg  
 Highest Weight: \_\_\_\_\_ kg Date: \_\_\_\_\_  
 Lowest Weight: \_\_\_\_\_ kg Date: \_\_\_\_\_  
 Peri/Post Menopause (females only): \_\_\_\_\_

**Medical History:**

**Current Medications – over the counter, prescription or supplements (name, frequency):**

**Family History:**

### Food Preferences

Please outline the types of foods you like to eat and foods you do not eat (including foods not eaten for food intolerance/ethnic/religious/cultural reasons):

Foods I Like	Foods I Dislike	Examples
		Bread/Bread Rolls/Pita Bread/Wraps/Rice/Cereal. Pumpkin, potato, spinach, lettuce, green vegetables, carrot, tomato, beetroot. Apples, oranges, bananas, apricots, mangoes. Dairy: milk, yoghurt, cheese. Protein: Beef, chicken, fish, duck, pork, bacon, tofu, beans. Treats: chocolate, lollies, meat pie, soft drink, take away, chips.

## Suraya Nikwan

Accredited Practising Dietitian  
MNutrDiet, BBioMedSci

Greenslopes Cardiovascular Clinic  
Suite 29  
Greenslopes Specialist Centre  
Newdegate Street  
Greenslopes Q 4120  
T: (07) 3394 1700  
F: (07) 3394 1900  
E: [suraya@gcvc.com.au](mailto:suraya@gcvc.com.au)  
Provider No.: 4901731H

### FOOD JOURNAL

Date: \_\_\_\_\_ Day: \_\_\_\_\_

This sheet is used to record your daily intake. Try to fill out after each meal and estimate portion sizes as close as possible.

<b>TIME</b> (Record before and after your meal.)	<b>FOOD</b> Describe food, including brand names, restaurant names, and method of preparation, such as baked, broiled, and fried. Include all condiments, such as ketchup, mustard, and dressings. Include beverages, such as milk, juice, and regular soda.	<b>AMOUNT</b> Weighing your food is ideal or use common kitchen terms, such as cup, teaspoon, grams, cans, etc.	<b>MOOD</b> Are you happy, sad, angry, or anxious? Are you hungry or content? Are you alone, bored, standing, or sitting?	<b>LOCATION</b> Where are you when you are eating? Living room, bedroom, kitchen, etc.
Morning Meal				
Morning Snack				
Lunch Meal				
Afternoon Snack				
Evening Meal				
After Dinner Snack				

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