

Client Details and Consent Form – Telehealth		
First Name: Zoe-Joy		Surname: Robertson
Title: Mr Mrs Ms Miss Mx Dr Other Pronouns: she/her he/him they/them Prefer not to say Other: _____		Gender Identity: Female Male Non-binary Transgender Female Transgender Male Other: _____ Zoe _____ Prefer not to say Preferred name (if applicable): _____
Street Address: 2/9 forest oak court, chuwar		
Phone (H): 0480320111	(M):	DOB: Age: 12/03/2004
Email: zoerobertson924@gmail.com		Student Staff Concession TUA/THINK Student
Name of person in case of an emergency: Sharon Robertson		
Relationship to client: parent		Contact phone number: 0481105833
How did you hear about The Practice Wellbeing Centre? (Please tick or provide details)		
Referral by Health Practitioner Friend I was referred by a friend TUA Student or Staff Other (Please specify e.g. social media): _____		
I give permission to: (Please tick)		
Be contacted for appointment confirmation by: Phone SMS <input checked="" type="checkbox"/>		
Be sent emails/texts regarding the Practice Wellbeing Centre newsletters, promotions or services: Yes No		
Data may be used for research purpose and publication: Yes No		

Please read the following and sign to indicate your understanding and declaration of consent:

- I am aware that this is a student teaching clinic and consent to the clinical assessment and treatment by student practitioners under the supervision of a qualified practitioner.
- I understand that at times the clinical supervisor may be observing, commenting or demonstrating during the consultation and/or treatment and that other students may also be observing during consultations in the room and via live streaming.
- I understand that in order that the student obtain as much experience as possible it may not always be possible to be seen by the same student practitioner at return visits.
- I understand that information provided during the consultation process may be used for training purposes by clinic students and staff and that all identifying details will be omitted in these instances to ensure patient confidentiality is maintained.
- I understand that treatment conducted at The Practice Wellbeing Centre does not take the place of medical treatment where needed and it is my responsibility to inform the student practitioner of any illnesses, injuries, medical conditions or procedures and any other information regarding my health.
- I understand that my file notes will be available to each student practitioner I attend for treatment across all the modalities. • I understand that whilst I am not obliged to provide any information, failure to provide full health details requested during consultations may compromise the quality of treatment provided.
- I understand that a 50% cancellation or no show fee may apply. The no-show policy allows for three instances and may result in suspension from the clinic for a year.
- I hereby acknowledge the terms and conditions of consultation and treatments at The Practice Wellbeing Centre as stated above and that information provided on this form is accurate, current and will be maintained in accordance with the Health Records Act (2001), National Privacy

Principles and the Privacy Act (2001).

- I understand that I should notify my treating practitioners at The Practice Wellbeing Centre prior to undertaking more than one treatment modality on a single day.
- Telehealth is the use of a digital platform via communication technologies, such as a computer, tablet or mobile phone, for the real-time remote collection, management and prescription of health care information between a client and practitioner. The Practice Wellbeing Centre is offering a Telehealth consultation service to our Nutritional Medicine, Naturopathy and Western Herbal Medicine Return Clients via a secure software program called MediRecords.
- When conducting a Telehealth consultation there is a requirement to ensure that the consultation is secure, private and confidential. MediRecords has been selected as it provides these important security features. All health records are stored according to Torrens University Australia Privacy Policy and relevant State and Federal health record laws. <https://www.torrens.edu.au/policies-and-forms>

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- By attending a Telehealth consultation, you will enjoy the convenience of a professional health care consultation from the comfort of your own home or workplace. It allows you to check-in with your natural health care practitioner for ongoing health care guidance, advice, monitoring, referral and prescription.

Information about Telehealth Return Visit Consultation

- After making your appointment you will be forwarded a MediRecords invitation link.
- You must have a working webcam with sufficient video quality and internet bandwidth to accommodate a real time video Telehealth consultation. You should be able to visually identify your student practitioner.
- You should allow up to 2.5 hours for your consultation. There are two parts to your consultation with a break in between. The first part of your session will go for about 45 minutes and the student practitioner will analyse your case. They will then present their findings to their Clinic Supervisor for approval and it is during this time, that you will have a break for approximately 45 minutes.
- You will then return for the second part of your consultation.
- There will be several people present in your consultation- your student practitioner, clinic supervisor and practitioner support team. ➤ It is not possible to conduct certain biomedical or holistic assessments, such as physical examination, iris reading or BIA analysis. ➤ If necessary, prescriptions, clinic handouts or referrals will be emailed to you from The Practice Wellbeing Centre (our email service is not encrypted).
- Please call the clinic to make a follow-up appointment as requested by your student practitioner.
- Any prescriptions will be processed through a third-party Practitioner-only dispensary. The client must pay for these and products will be mailed out to the address provided by the client. The Practice Wellbeing Centre does not accept responsibility for transactions made between the client and the third-party dispensary.
- There are no private health fund or Medicare rebates available for this service.
- I provide consent for my case to be taken by a student practitioner in an online Telehealth consultation, and that the student practitioner will discuss my case with their clinic supervisor and clinical practicum class in both an online and face-to-face forum.
- This Telehealth consultation will assist the student in developing their clinical skills and knowledge, while providing a public health service to our community.
- Under no circumstances is the Telehealth Consultation to be audio or video recorded by any stakeholder at any time. All health records are restricted to written documents.
- The consultation can be discontinued at any time by myself if I so wish.
- If you agree to participate in a Telehealth consultation with The Practice Wellbeing Centre, please sign below. Thank you very much for your co operation.

TO BE COMPLETED BY CLIENT

IZoe Robertson..... (client's name) confirm that I am over the age of 18 years and have agreed that The Practice Wellbeing Centre will be responsible for recording of my clinical details, and the secure storage of my health information. I will ensure that no other party or parties view this information outside of The Practice Wellbeing Centre online environment.

Name: Zoe Robertson Signature: Zoe-Joy Date: 13/04/23

Under the Age of 18 years

My parent/guardian has read and understood the above information and gives permission for me to participate in a Telehealth consultation, and for my health record to be recorded and securely stored.

Name Parent/Guardian: _____ Signature: _____ Date: _____

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Client Health Questionnaire Date: 13/04/23

Client Name: Zoe Robertson DOB: 12/03/2004

What is the main reason for today's visit? My low immunity

If you have been medically diagnosed with any condition/s please list them here. Graves Disease and diagnosed mental health conditions (will specify if necessary)

Are there any other health issues that we should be aware of? Yes No Allergies (please specify) ☐

Allergies; house dust mites

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Food intolerances (please specify) ☐ Heart condition / High blood pressure ☐ Medical devices / Implants / Joint replacement ☐ Diabetes
☐ Liver or kidney disease ☐ Vegetarian / vegan ☐ Pregnant (or chance of pregnancy) ☐ Breastfeeding ☐

List all medications or natural remedies you are currently taking (incl. Panadol, oral contraceptive, etc.)

Medications / Supplements

Brand & Name Dose (how much & how often)

Reason for taking Since when?

Carbazole 5mg 3 tablets in the morning since 2019

Maltofer 370mg tablets every second day since 10/02/23

Terbinafine 1% cream once daily since 29/03/23

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Declaration: I understand that whilst I am not obliged to provide any information, failure to provide full health details requested above or during consultations may compromise the quality of treatment provided.

Date: 13/04/23

Client signature: Zoe-Joy

Parent / Guardian signature if client under 18 years of age
Date: