



NEW CLIENT INTAKE FORM NATUROPATHY NUTRITION HERBAL MEDICINE

First Name & Surname: _____ DOB: _____

Address: _____ Postcode: _____

Mobile: _____ Email: _____

Emergency Contact Person and Phone Number: _____

How did you find us?

- | | |
|--|---|
| <input type="checkbox"/> I am a current or former Nature Care student | <input type="checkbox"/> I walked or drove by and saw the signs, took a flyer etc |
| <input type="checkbox"/> I was referred by a Nature Care <u>student</u> | <input type="checkbox"/> Via our website or social media |
| <input type="checkbox"/> I was referred by a <u>client</u> of the student clinic | <input type="checkbox"/> I attended a Nature Care Open or Discovery Day |
| <input type="checkbox"/> I was referred by a trainer/staff/supervisor of the College | <input type="checkbox"/> other: _____ |

Occupation: _____

Brief Medical History

Surgery and/or Medications:

Health Conditions:

Accidents: _____ Exercise: _____

Allergies: _____

I have chosen to consult with and hereby give consent to the student practitioners of Nature Care Wellness Centre.

The student practitioner is notified of my allergies and medical conditions relating to herbal tonics or supplements that may be prescribed or dispensed after a consultation. By signing this form, I understand and accept that Nature Care Wellness Centre is not liable for any and all medical reactions to such products.

Date: _____ Signature: _____



Student Clinic Personal Information and Privacy Policy

The following information aims to explain clearly how personal information about you is recorded and managed in this Student training clinic. Please read carefully and sign as your acceptance of this policy.

Your Personal Information

Your personal information will be kept private and secure. The approach used is consistent with the provisions of Federal and State Privacy Legislation.

Your Records

Your personal information:

- will be accurate, comprehensive, well-organised, up-to-date and legible;
- will have enough information to allow another practitioner to care for you;
- will not contain offensive or irrelevant comments about you;
- will contain a summary of your care; and
- can be used to remind you, with your permission, to return for follow up, check-ups and reviews.

Only the information which is relevant to your care will be collected. If you are uncertain as to why information is being requested, please ask.

Providing Your Information to Other Health Professionals

Right to decide how your personal health information is used or disclosed (for example to other health professionals) is respected. In all but exceptional circumstances, personal information that identifies you will be sent to other people only with your consent. Gaining your consent is the guiding principle.

Providing Your Information to Others

Your information will not be disclosed to a third party, unless:

- you have consented to the disclosure; or
- this disclosure is necessary because you are at risk of harm without treatment and you are unable to give consent – for example, you might be suicidal or considering harming another person;
- your practitioner is legally obliged to disclose the information (e.g. A subpoena or court order); or

In any of the above cases, only the information which is necessary to achieve the objective will be provided.

Using Information for Quality Improvement and Research

Information is used to assist in improving the quality of care given to all clients by reviewing the treatments used in the practice.

Information that does not identify you may also be used in lectures and supervision sessions as an integral part of student education and training.

The information used for teaching purposes will not be in a form that would enable you to be identified. The publication of research results which use your information will never be in a form that enables you to be identified without your consent.

Access to Your Information

You have access to the information contained in your records. You may ask about any aspect of your health care including information in your record. Sharing information is important for good communication between you and your student practitioner and for good health care.

Information in your record can be provided to you by way of an accurate and up to date summary of your care, for instance, if you are moving away and are transferring to a new practitioner.

A consideration of the risk of any physical or mental harm to you or any other person which may result from the disclosure of your health information will be made prior to access.

Depending on what is involved, you may be asked to contribute to the cost of providing the information.

Resolving Your Concerns Regarding the Privacy of Your Personal Information

If you have any concerns regarding the privacy of your information or regarding the accuracy of the information held by the practice, you should discuss these with your student practitioner and their supervisor. Inaccurate information will be corrected or your concerns noted in the records if it is not possible or desirable to alter the original record.

I understand and accept the Nature Care College Student Training Clinic Personal Information and Privacy Policy.

Name: _____ Date: _____ Signature: _____