

**MD Health Physiotherapy**

Shop 9b, 112 James St  
Templestowe 3106 VIC Australia  
Tel: 03 9846 5888; Fax: 03 9846 8034  
Email: [mdhealth@optusnet.com.au](mailto:mdhealth@optusnet.com.au) website: [www.mdhealth.com.au](http://www.mdhealth.com.au)

**This document contains the following forms:**

- ✓ New client information sheet (pg 2-3)
- ✓ Food frequency questionnaire (pg 4)
- ✓ Activities Diary (pg 5)
- ✓ How to measure your girth effectively and accurately (pg 6)
- ✓ 13 week membership contract (page 7)
- ✓ Termination form (page 8)

If you are interested in signing up for the 13 weeks Dietetics Online membership, please fill out the following forms:

1. New Client Information Sheet
2. Food Frequency Questionnaire
3. Activities Diary
4. 13 Week Membership Contract

Fax these forms back to:

**MD Health Physiotherapy**  
**Fax No. 03 9846 8034**

We will be in touch shortly to confirm receipt of your forms. Make sure your contact details are correctly included in your forms, including email. Payment information must be included in your "13 week Membership Contract" if you wish for your membership to be activated as soon as possible.

Please be assured that your credit card details are only handled by our Practice Manager and stored in a safe and secure place. Once your information has been processed and entered into Dietetics Online, you will be contacted immediately for your login and password details. You CAN NOT share this information to anyone else. Your program is personalised based on the information that you have provided on these forms.

## New Client Information Sheet Part A (page 1)

MD Health Physiotherapy  
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### Personal Information

**Full Name:** \_\_\_\_\_  Male  Female

**Postal Address:** \_\_\_\_\_

**State & Postcode:** \_\_\_\_\_ **Home or Work No:** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Height (cm)** \_\_\_\_\_ **Weight (kg)** \_\_\_\_\_

**Waist (cm)** \_\_\_\_\_ **Hips(cm)** \_\_\_\_\_ **Biceps (relaxed cm)** \_\_\_\_\_ **Biceps (tensed cm)** \_\_\_\_\_

(\*Please note: A guide on how to measure your waist, hips and biceps is available on pg 6)

### Goal setting. Please tick your goal/s below

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lose fat<br><input type="checkbox"/> General health & well-being<br><input type="checkbox"/> Motivation<br><input type="checkbox"/> More energy | <input type="checkbox"/> Improve eating habits<br><input type="checkbox"/> Learn to manage my weight<br><input type="checkbox"/> Other - state below<br>_____<br>_____<br>_____ | Using the scale below, circle how ready you are to work on these goals.<br><b>Physical Activity</b><br>1 _____ 2 _____ 3 _____<br><b>Nutrition</b><br>1 _____ 2 _____ 3 _____<br>(not ready)      (Unsure)      (Ready) |
|--|---|---|

### Medical information

Do you suffer from any of the following:	Please tick the box if it applies to you.
<input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Constipation <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Stroke <input type="checkbox"/> Indigestion <input type="checkbox"/> Asthma <input type="checkbox"/> Sudden weight change <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Chest Pain <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Cancer <input type="checkbox"/> Eating Disorder <input type="checkbox"/> Problem seeing in dim lighting <input type="checkbox"/> Thyroid Disorder        _____ <input type="checkbox"/> Osteoporosis             _____ <input type="checkbox"/> Depression                _____ <input type="checkbox"/> Bleeding gums            _____ <input type="checkbox"/> Appetite problems        _____ <input type="checkbox"/> Stress                        _____ <input type="checkbox"/> Menstrual difficulties    _____ <input type="checkbox"/> Chewing/swallowing difficulties	<input type="checkbox"/> I have a pacemaker. <input type="checkbox"/> I had a motor vehicle accident in the last 10 years. (Please state year)..... <input type="checkbox"/> I had an operation done in the last 10 years. (Please state what it was) _____ <input type="checkbox"/> If you have other medical concerns that we should know about, please specify below. _____ <input type="checkbox"/> List any prescribed or over the counter medications, herbal, vitamin/mineral supplements you take or have taken. _____ <input type="checkbox"/> <b>Are you pregnant?</b> YES /NO - If yes, how many weeks? _____ Please provide your <b>Obstetrician's</b> name & phone no. below: Name: _____ Phone no. _____ Address: _____ <input type="checkbox"/> <b>Are you breast-feeding?</b> If so, how many feeds a day? _____



# Food Frequency Questionnaire

MD Health Physiotherapy  
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 Tel: 03 9846 5888; Fax: 03 9846 8034  
 Email: [mdhealth@optusnet.com.au](mailto:mdhealth@optusnet.com.au) website: [www.mdhealth.com.au](http://www.mdhealth.com.au)

**Name & Surname:** \_\_\_\_\_

Please fill out the table below correctly. Place the number of servings per day OR servings per week but not both. If you do not consume a particular food group - simply leave it blank.

Serving sizes		Food Group	Servings /day	Servings/week
EXAMPLE	½ cup legumes 1 cup salad ½ cup cooked vegetables	Starchy Veg – potato, sweet potato, corn, parsnip, peas, pumpkin	<del>1</del>	<del>4</del>
		Non-starchy Veg		
EXAMPLE	½ cup legumes 1 cup salad ½ cup cooked vegetables	Starchy Veg – potato, sweet potato, corn, parsnip, peas, pumpkin	1 CORRECT	
		Non-starchy Veg		4 CORRECT
2 slices bread (1 serve) ½ cup muesli (1 serve) ¾ cup breakfast cereal flakes (1 serve) 2-3 dry cracker biscuit (1 serve) 1 medium bread roll (1 serve) 1 cup cooked rice, pasta, noodles 1 cup cooked porridge		Refined Grains – white bread, pasta.		
		Whole Grains – whole wheat, cereal, brown rice, oatmeal, bran cereal		
1 cup salad ½ cup cooked vegetables ½ cup legumes		Starchy Veg – potato, sweet potato, corn, parsnip, peas, pumpkin		
		Non-starchy Veg – salad vegetables, leafy greens, broccoli, cauliflower		
1 med piece 2 small pieces 1 cup diced or canned ½ cup juice 1.5 tbsps dried		Fruits		
1 cup milk/ soy milk 1 tub (200g) yoghurt 2 slices (40g) cheese		Low Fat Dairy & alternatives		
		Whole Dairy & Alternatives		
65-100g cooked meat, chicken or fish 100g canned fish 2 small eggs		Lean meat & alternatives		
		High Fat Meat & Alternatives - sausages, cold cuts, hot dogs, bacon		
1/3 cup nuts 2tbsp seeds ½ cup legumes 2 tbsp peanut butter		Nuts, seeds & dry beans		
1 tbsp regular dressing 1 tsp oil 1 tbsp mayonnaise 1 tsp margarine /butter		Fats & oils		
4 plain sweet biscuits ½ chocolate bar Medium piece of cake 1 can soft drink 12 hot chips ½ scoop of ice cream 1/3 meat pie		Extras		
1 can stubby beer 100 ml wine 30 ml/nip spirit		Alcohol		

## Activities Diary

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Please fill out the activity diary reflecting your **average** activity on a weekday and on a weekend. It should not be a reflection of an “active” day. The columns should add to 24 hours.

Activities	No. of Hours on Weekdays	No. of Hours on Weekends
<b>Resting</b>		
Sleeping, reclining		
<b>Very Light</b>		
Seated and standing activities		
Driving		
Typing		
Cooking		
<b>Light</b>		
Walking on a light surface 4-4.8km/h		
Garage Work		
Carpentry		
Restaurant Trades		
House cleaning		
Child care		
Golf		
Table tennis		
Watering the Plants		
<b>Moderate</b>		
Walking 5.6-6.4 km/h (fast pace)		
Weeding and hoeing		
Carrying a load		
Cycling (slow)		
Skiing		
Tennis		
Dancing		
Cricket		
Swimming (slow)		
Pilates		
Yoga		
Light weight training		
<b>Strenuous</b>		
Jogging/running (7km/h)		
Tennis (fast paced)		
Swimming (moderate pace)		
Aerobics		
Basketball		
Football		
Squash		
Weight Training		
Soccer		
<b>Very Strenuous</b>		
Swimming (race pace)		
Rowing (race pace)		
Cycling (race pace)		
Squash (fast pace)		
Running (10-15km/h)		
<b>Total Hours</b>	<b>24 hours</b>	<b>24 hours</b>

## Guide to Measuring your Girth Correctly and Accurately

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### WAIST

Measure the circumference of your waist either with a friend or by yourself. If with a friend, let them stand in front of you (facing each other). If by yourself, face a full or half length mirror for assistance.

The waist is halfway between the bottom of your rib cage and the top of your hip bone. Breathe normally – do not suck your stomach in!

Take the measurement in cm. The tape measure must be sitting on your waist comfortably – not tight.



### HIP

Measure the circumference of your hip either with a friend or by yourself. If with a friend, let them stand in front of you. If by yourself, face a full or half length mirror for assistance.

The HIP is the maximum extension of your buttocks, ie. It's the peak of your bum.

Take the measurement in cm. The tape measure must be sitting on your waist comfortably – not tight.



### Mid Arm – Relaxed

Measure the circumference of your mid-arm (that's halfway between the top of your shoulder and your elbow),

Ensure your arm is relaxed.

Take the measurement in cm. The tape measure must be sitting on your arm comfortably – not tight.



### Mid Arm – Tensed / flexed

Measure the circumference of your mid-arm (that's halfway between the top of your shoulder and your elbow),

Ensure your arm is tensed or flexed.

Take the measurement in cm. The tape measure must be sitting on your arm comfortably – not tight.

# Dietetics Online 13-Week Membership Contract

MD Health Physiotherapy  
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email: [mdhealth@optusnet.com.au](mailto:mdhealth@optusnet.com.au) web: [www.mdhealth.com.au](http://www.mdhealth.com.au)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Mobile) \_\_\_\_\_ E-mail: \_\_\_\_\_

**A weekly fee of \$34.95 will be directly debited from your credit card on a weekly basis.  
If a credit card is not available, you must pay the whole amount.**

Card Holder's Name: \_\_\_\_\_ ( ) VISA ( ) MasterCard ( ) Bankcard ( ) AMEX

Card No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

## Terms & Conditions of Membership

### Cancellation for 3 month membership

If you wish to cancel at any time during the 3 -month (13 weeks) membership term, you are liable to pay 70% of the remaining amount of the membership fee. This will be deducted from your credit card.

### Payment

All membership payments are INVOICED and directly debited on your credit card on the same day as your first official starting date. All information provided will remain confidential. If you have Private Health insurance with Dietetics cover, present your card at each session if you wish to claim or if off-site, you may claim manually with your Insurer directly. The remaining balance (or gap) will be directly debited out of your credit card during the week. Any outstanding amounts for other MD Health services will also be debited from your credit card if you don't settle the gap on the day or week of the service.

### Payment Options

- ♦ **Option A: Weekly Payment** - You must provide your credit card details if you wish to pay weekly with or without your Private Health Insurance.
- ♦ **Option B: Lump sum** - If you do not have a credit card or do not wish to provide us with your credit card details, you must pay the full amount of the 13 week program.

### Credit Card Expiry Dates

If your credit card is rejected by the bank, an alternative payment must be made. The rejected amount/s remain due and payable. For expired credit cards, Clients must provide us with new credit card expiry dates or an alternative credit card.

**A booking is required before you come and see us.** To ensure that you are served on time without delays, you must call us on 9846 5888 to book for your sessions onsite or off-site.

**Our Dietitians** will be in charge of your Program throughout your membership. You must at all times follow your Dietitian's instructions and advice. You must at all time let your Dietitians know of any issues or conditions that you may have had prior to your session. This will allow us to alter your program accordingly. Failure to follow your Dietitian's advice or instructions at any time during your membership could mean the termination of your membership with us. Failure to abide by this will mean the cancellation of your membership. Cancellation policy still applies (see Cancellation Terms & Conditions).

**Deferred Memberships:** You cannot defer your Dietetics Online membership.

### 5-Hour Cancellation Policy

**If you wish to cancel and re-schedule an appointment, you must provide MD Health with 5 hours notice. Any less than 5 hours notice and you have forfeited that session and you will still be charged accordingly and you will be unable to claim with your Insurer.**

### Additional consultations per week

For 1 more additional consultation per week, an additional fee will be added to the member's weekly fee, please speak to Reception about the fees & charges.

**Dietetics Online Membership:** Any personal information you submit will be protected by our server. You are responsible for maintaining the secrecy of your username and password. You should not give your password to anyone, including friends and family. Recommendations made on this website are based on your Assessments hence it will not be applicable to anyone else other than yourself. You must close your browser when you have finished your user session. This is to ensure that others cannot access your personal information and correspondence.

**Dietetics Online Disclaimer:** By entering [www.dieteticsonline.com.au](http://www.dieteticsonline.com.au), you declare & affirm under the penalties of perjury that you are not a minor nor in the company of a minor and that accessing this site is not unlawful in your local area. You are entering this site of your own free volition and the owner of it accepts no responsibility for any individual's experience within. The user agrees that he/she will hold MD Health, its employees & the web site developers harmless from all claims that may arise or result from any link to or content found on this domain. Furthermore, the user agrees that MD Health cannot be held responsible for any damage, claims or mishaps that may happen to occur from any link leading outside this site. Any links or referrals to further reading / resources are provided for convenience only and MD Health is not responsible for their content. Every effort is made to keep the website up and running smoothly. However, if at any time the website is temporarily unavailable due to technical issues beyond our control, MD Health will ensure minimal disruption occurs and will provide to the best of our ability to get the website up and running as soon as technically possible.

### Termination of Membership:

Dietetics Online members must send a **termination form** if they wish to terminate their membership. Failure to do so will mean the continuation of your membership and payment associated with your membership even after the 13 weeks has elapsed.

### Management Rights

The Management at MD Health Physiotherapy reserve the right to cancel the membership of any members. If and when this occurs, members are liable to pay 70% of the remaining amount of the membership fee if still in the first 13 week contract.

**I hereby authorise a direct debit of outstanding amounts owing to MD Health Physiotherapy. I understand and accept all the above terms and conditions of the membership with MD Health Physiotherapy.**

Member Signature (or Parent/Guardian for 18yrs old or less) \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MD Health Physiotherapy acknowledges and respects the privacy of individuals. The information that is being collected on this document is for the purposes of processing your membership, providing you with updated information and assisting us to improve our services to you. The intended recipients of this information are MD Health Physiotherapy, its authorised staff and contracted service providers. You have the right to access and alter personal information concerning yourself in accordance with the Commonwealth Privacy Act (Amended 2001). As part of your membership with MD Health Physiotherapy, you will receive information from time to time regarding our programs and services. If you do not wish to receive these information, please call us at MD Health Physiotherapy on 9846 5888 and we will remove you from the mailing list within a reasonable time period.

## TERMINATION FORM

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I, \_\_\_\_\_  
(state your full name)

have decided to end my membership with Dietetics Online effective as of

\_\_\_\_\_  
(State the date)

I understand that if I did not complete my 13 week membership program, MD Health Physiotherapy will directly debit the appropriate cancellation fee into my credit card.

I also understand that my membership and payment with Dietetics Online will cease immediately upon receipt of this form.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
DATE

**Please note:**

Members must fax back the termination form on 03 9846 8034. Members must call MD Health Physiotherapy on 03 9846 5888 or send an email on: [mdhealth@optusnet.com.au](mailto:mdhealth@optusnet.com.au) to confirm receipt of the Termination Form. Failure to confirm the receipt of the form verbally or via return email could mean the continuation of your Dietetics Online membership as well as payment.