



671 Gympie Rd
Level One, Suite 5
Chermside QLD 4032



07 3353 9694



<https://healthvolition.com.au>



reception@healthvolition.com.au



<https://linktr.ee/healthvolition>



[AW40320005T](https://www.healthvolition.com.au)

Patient Details

Title	First Name	Middle Name	Last Name
Preferred Name		Gender at Birth: Pronoun:	Maiden Name
Address		Suburb	State and Post Code
Postal Address		Suburb	State and Post Code
Height	DOB	Mobile Phone	Email Address
Weight	Medicare Number	Private Health Fund	Membership Number
Occupation		First Peoples Status	
Next of Kin			
Name	Relationship	Mobile	Email Address
GP Referral Name			GP Referral Provider Number
GP Clinic Address			GP Phone Number
Other Health Provider Details:			
Allergies	Product 1. 2. 3. 4. 5.	Side Effects 1. 2. 3. 4. 5.	
Special Dietary Requirements			Have you received COVID 19 Immunisation? If yes, what date/s did you receive it:
Medical Active Diagnosis:	1. 2. 3. 4. 5.	Medication	
Medical Remission Diagnosis	1. 2. 3. 4.	Ceased Date	
Current Treating Specialists	Name 1. 2. 3. 4.	Reason 1. 2. 3. 4.	
Medication Ceased in the last 3 months			



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ALL PATIENT AUTHORITY

Do you authorise to receive appointment reminders by SMS to your mobile?	Y	N
Do you authorise for messages to be left for you identifying the surgery as the caller?	Y	N
Would you like to subscribe to our newsletter? Your email address will be utilised on a mailout if you consent.	Y	N
You are aware that your clinical notes and records will be held in a patient database under the ownership of Health Volition Australia Pty Ltd	Y	N

WEIGHT LOSS PATIENT AUTHORITY

Would you like to be contacted to share your story?	Y	N
Would you be interested in having before and after photos taken?	Y	N

PATIENT RESPONSIBILITY

- * Respect the employees of Health Volition Australia.
- * Provide compliments and complaints directly to director@healthvolition.com.au to ensure this is delivered to the team.
- * Supply complete and accurate information concerning your health, medical history and medications.
- * Agree to follow all post-operative instructions and comply with hospital and clinic directives.
- * Provide up-to-date contact details including next of kin for ease of clinical information to be accessed if authorised.
- * Meet all financial obligations as per informed financial consent.
- * Respect the rights of other patients, visitors and care givers.
- * Abide by building and legal obligations such as designated smoking areas and car parking.

YOUR PRIVACY

In compliance with the Privacy Act (1988), all information collected in this practice is treated as 'sensitive information.' To safeguard your privacy, this practice operates in accordance with the act. The information you provide is utilised to manage your healthcare, and you can contribute to maintaining its accuracy by notifying the practice of changes to your address, phone number, etc.

The information collected is handled confidentially and is accessible only to those who require it for your treatment support. As an interdisciplinary team, we collaborate closely, and the information is retained for documenting session details, enabling the treating practitioner, and allied health clinicians to conduct relevant and informed sessions. To provide a psychological and hypnotherapy service, Weight & Metabolic Solutions Australia will need to collect and record relevant personal information from you, including your name, contact information, medical history, and other pertinent details that may be private to you as part of the assessment and treatment process.

Confidentiality

All information shared during consultations is strictly confidential. The assigned clinician will access your session notes before each consultation and/or review. If there is a requirement for the interdisciplinary team to discuss and manage your case together, the full team at Weight & Metabolic Solutions Australia may have access during case management discussions. The Administration Team will have access to your necessary information in order to support you with bookings.

Authority for Third Party Access:

You have the right to request and review your information unless legislation dictates otherwise, and your treating practitioner will guide you on the appropriate way to access it. If you have any inquiries about managing your personal health information or need to arrange access to your records, please consult the staff or your doctor, as appropriate.

Selected information may be shared or acquired by various other health services involved in supporting your healthcare management (e.g., Pathology, Radiology, Hospitals, or other doctors and specialists).



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With the exception of specific circumstances below, no information may be released without written consent from you or your guardian.

These special circumstances include:

1. Court orders requiring the release of client information for legal purposes.
2. Failing to disclose the information would pose serious or imminent risk to you or another person.
3. Treating practitioners seeking peer support from other practitioners or supervision from a senior psychologist to provide the best service.
4. Prior approval obtained to provide a written report to another agency (e.g., GP, Lawyer) or discuss material with another person (e.g., parent, employer, teacher).
5. If disclosure is required by law.

Please note that if you have been referred by a medical professional on a Government funded intervention (such as a Mental Health Plan) then it is usual practice to provide written reports. The reports provide limited information about your progress with the authorised treatment.

Please note that *you have the right to refuse this consent*. However, in certain situations, your refusal may mean that you will not be able to proceed with services at the clinic, especially if they are funded through a collaborative government scheme that requires reporting.

Fees
The cost of your consultation is provided to you at the time of booking your consultation. You can claim Medicare rebate if you are eligible however please bring your referral information.

CANCELLATION FEE POLICY BELOW.

If, for some reason you need to cancel or postpone your appointment, the following cancellation fee apply:

Psychology and Hypnotherapy Sessions

- Less than 48 Hours** – Full Session Fee
- More than 48 Hours** - \$100 Cancellation Fee
- More than One Week** – Session Credit

APS Charter for Patients will be provided to you at the time of booking as may be appropriate.

Dietetics and Exercise Physiology Sessions

- Less than 48 Hours** – Full Session Fee
- More than 48 Hours** - \$50 Cancellation Fee
- More than One Week** – Session Credit

Psychiatry Session

- Non Attendance or Less than 2Hours** - Full Session Fee
- Less than 48 Hours** - 50% Session Fee
- More than 48 Hours** - Session Credit

I, (Print Name) acknowledge and understand the above and provide my consent.

PATIENT SIGNATURE: DATE:/...../.....