

Naturopathy Client Contact Form



To provide you with appropriate treatment, please complete this **ENTIRE** Contact Form accurately. Any information you provide will be treated with complete confidentiality as per Australian National Privacy Principles and is only used for the purposes stated within this form.

NEW CLIENT INFORMATION

Title _____ Surname _____ Name _____

Best Contact Number _____ Date of Birth _____

Address _____ Suburb _____ Postcode _____

Email _____ Occupation _____

Religion _____ Heritage _____

Emergency Contact _____ Relation to Patient _____

Phone _____ Consent to post written testimony on website Yes No

Consent to utilise images on website to inspire others considering Naturopathy Yes No

Credit Card Number:* _____ Exp _____ CCV _____

Family Doctor _____ Phone _____

Address _____

Referred by (please tick) Family Friend Facebook Instagram Other _____

To enable us to say thank you to the referring person, we would kindly appreciate if you could provide the name and surname of the individual who referred you. _____

I understand that:

- Supplements can take up to four working days to be received post consultation.
- Once credit card details are given, Julide Türker Naturopathy & Wellness may deduct the necessary charges from my card for consultation / supplementation costs without further consent.
- My account must be settled within 48 hours of invoice date. Failure to settle on these terms will result in a debt collection agency pursuing settlement of the invoice. Patient will be liable for any debt collection fees incurred as a result of their unpaid account.
- Returning this completed document via email constitutes a printed signature
- Screenshots / photos of completed TMN documents are **NOT** acceptable and will result in your appointment being cancelled and / or rescheduled. Any medical results must be scanned and emailed

Signature: _____ Date: _____