



aVerdure

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Initial Consultation *Children*

Date _____

Name _____ Phone _____

Address _____ Email _____

City/State/Zip _____

Do you know why you are coming to see me? _____

What is your illness? _____

How do you feel (circle as many as apply) happy, sad, healthy, sick, tired, nervous, scared, is your mind is busy all the time?

Is there anything you want to add to this list? _____

What are you taking/doing now to help yourself? _____

Are you on medications? If so, for what? _____

Do you like to cook? _____ Do you eat 3 meals/day? _____

Do you like school? _____

Do you crave sugar? _____ Do you crave salt? _____

What are your favorite foods? _____

Do you wake up during the night? _____

Do you feel tired, bloated, and/or gassy after meals? _____

Do you experience constipation or diarrhea often? _____

Are you a vegetarian or vegan? _____

Any other information you think is important to tell me?
