



# 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 eat food at 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?

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