



aVerdure

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Initial Consultation

All of your personal information will remain strictly confidential!

Date: _____

Name: _____

Cell phone: _____

Email: _____ Home phone: _____

Address: _____

Date of Birth: _____

Age: _____ Gender: _____ Height: _____ Current weight: _____

Would you like your weight to be different? _____ If so, what? _____

Occupation: _____ How many hours do you work per week? _____

Relationship status: _____ Children? _____

Blood Type (if known) _____ Referred by: _____

Hobbies/Activities: _____

What are your health concerns? _____

What would you like to accomplish from this consultation? _____

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

What percentage of your food is home cooked? _____

How often do you eat out? _____

What are the three worst foods you eat each week? _____

What are the three healthiest foods you eat each week? _____

Are you a vegetarian or vegan? _____

Do you have dental fillings? _____ Do you have your wisdom teeth/ _____

Do you have your tonsils? _____ Have you had any root canals? _____

Do you have any known allergies, including medications? _____

Are you currently under a practitioner's care for a specific health issue? _____

If so, what treatments are you undergoing? _____

WOMEN ONLY

Age of your first period: _____ Are your periods regular? _____

How frequent? _____ How many days in your flow? _____

Do you experience PMS? _____ Is it mild or severe? _____

Are you peri-menopausal? _____ When was your last period? _____

List your symptoms of peri/menopause _____

If you have children, were any delivered via cesarean? _____

Did you receive antibiotics during labor? _____

Have you ever had a miscarriage? _____

MALE ONLY

Approximate age of onset of puberty _____ Do you feel your libido is adequate? Y N

Do you have any difficulty and/or pain with urination? Y N Diminished volume or flow? Y N

Do you enjoy daily activities? Y N

Do you notice feeling more agitated/irritable than previously? _____

Is there any other information you feel important to include?
