



**FREE SCREENING**

**Student**  
Name \_\_\_\_\_ **DOB** \_\_\_\_\_ **Student**  
**Phone#** \_\_\_\_\_

**Parent/Guardian**  
Name \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Concern/Complaint** \_\_\_\_\_

I authorize La Pine/Sunriver Physical Therapy, to do a FREE 20 Minute Consultation, which may include instruction in self-care such as exercises, taping, heat, ice, etc.

\_\_\_\_\_  
**Parent/Guardian Signature**                      **Print Name**                      **Date**

**Please call 541-536-6122 to schedule your FREE 20 Minute Consultation!!**