

TELEPHONE CONSULTATION REQUEST FORM

Thomas R DuHamel, PhD

INSTRUCTIONS

Please print and complete this form:

Email to: DrTom@TheInsandOutsofPoop.com

Date_____

Child's Name_____

Birthdate_____

Parent's Name_____

Home Ph. #_____

Address_____

Work/Cell # (M) _____

Work/Cell # (F) _____

Child's School_____

Grade_____

Parent Email_____

Prior consultation/treatment? _____

Name_____

Who referred you to Dr. DuHamel? _____

Child's pediatric healthcare provider? _____

Describe your child's bowel problem:
