



REGEN MED PAIN RELIEF CLINICS

RELIEVE - REGENERATE - RENEW

A TRADITION OF TREATMENT EXCELLENCE FOR OVER 30 YEARS

Patient Specific Functional Scale - Initial

Name: _____ DOB: _____ Date of Exam: _____

What health problem(s) will our doctors be helping you with?

In your visits here we want to know what 3 activities in your life you are unable to do or having the most difficulty with because of your chief problem (_____).

Please list 3 activities you are unable to perform or having the most difficulty with because of your chief problem.

1. _____

2. _____

3. _____

Activity #1: _____

(Circle one number):

Unable to perform the Activity.	0	1	2	3	4	5	6	7	8	9	10	Able to perform the Activity without difficulty.
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Activity #2: _____

(Circle one number):

Unable to perform the Activity.	0	1	2	3	4	5	6	7	8	9	10	Able to perform the Activity without difficulty.
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Activity #3: _____

(Circle one number):

Unable to perform the Activity.	0	1	2	3	4	5	6	7	8	9	10	Able to perform the Activity without difficulty.
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