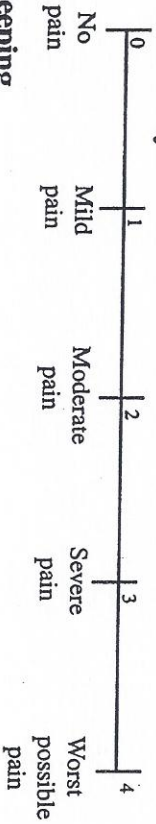


Functional Rating Index

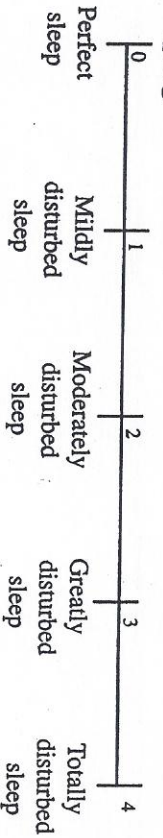
For use with Neck and/or Back Problems only.

In order to properly assess your condition, we must understand how much your neck and/or back problems have affected your ability to manage everyday activities. For each item below, please circle the number which most closely describes your condition right now.

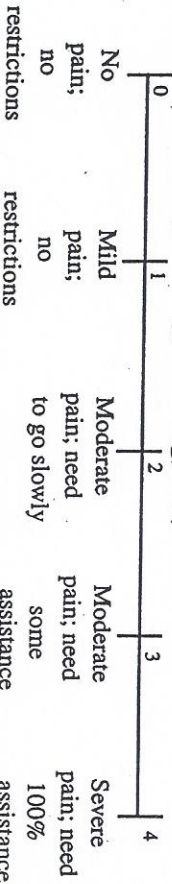
1. Pain Intensity



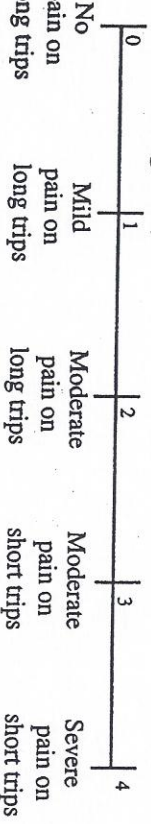
2. Sleeping



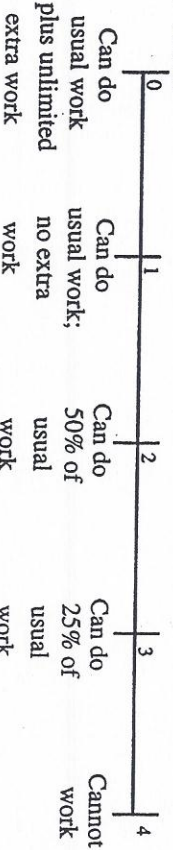
3. Personal Care (washing, dressing, etc.)



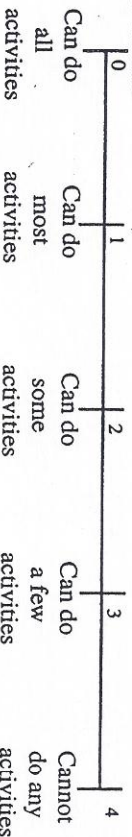
4. Travel (driving, etc.)



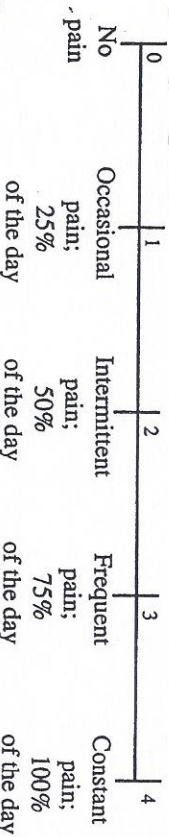
5. Work



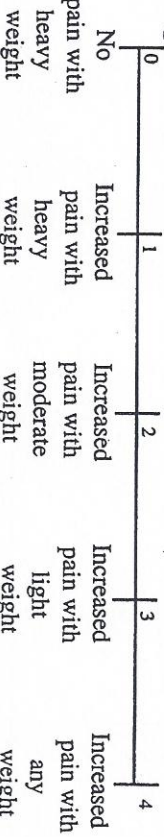
6. Recreation



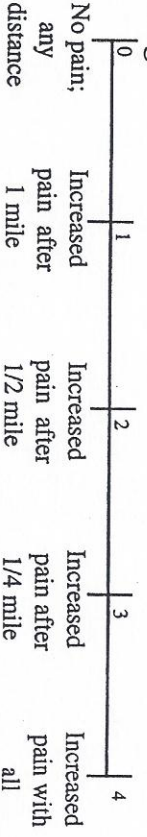
7. Frequency of pain



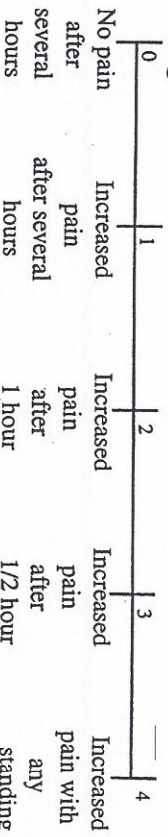
8. Lifting



9. Walking



10. Standing



Name _____

PRINTED

ID#/SS#

Plan ID

Total Score

Signature

Date

Westenhaver Chiropractic Center
Dr. Ty C. Westenhaver

7127 196th ST SW Suite 101 Lynnwood WA 98036 425-775-6986

FINANCIAL AGREEMENT

I, _____, being a patient of Dr. Westenhaver, do hereby acknowledge that my health insurance policy is an arrangement between Group Health Cooperative of Puget Sound and myself.

I understand that it is my responsibility to know and understand my insurance policy and its benefits.

I understand that certain chiropractic services may not be covered by my group health insurance under the terms of my Health Plan.

I understand that I am responsible for all bills incurred at this office and I agree to make financial arrangements with my chiropractor to pay for any services not covered by my insurance plan.

Dated at _____, Washington, this
_____ day of _____.

Patient Signature

Insurance Plan: _____

Member Identification Number: _____