



Dr. Ross Coccimiglio • Dr. Mary Elder • Dr. Tom Neblett

Phone: (512) 345-WELL (9355) • Fax: (512) 345-9357

10815 FM 2222 Bldg. 3C- Ste. 100 • Austin, TX 78730 • (Located in River Place Medical Plaza)

AUSTIN DISC & SPINE

Patient _____

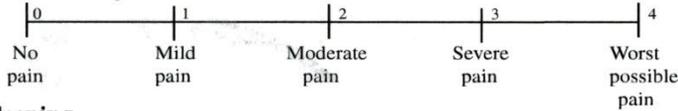
Date _____

Functional Rating Index

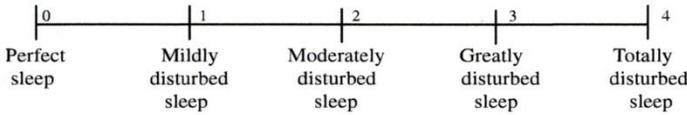
For use with **Neck and/or Back Problems** only.

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.**

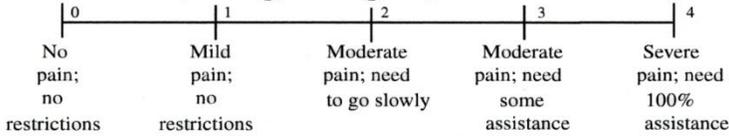
1. Pain Intensity



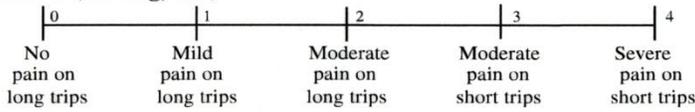
2. Sleeping



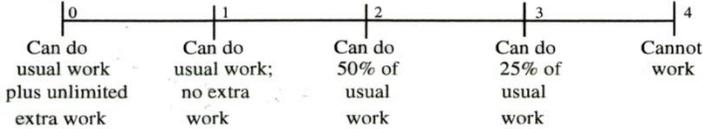
3. Personal Care (washing, dressing, etc.)



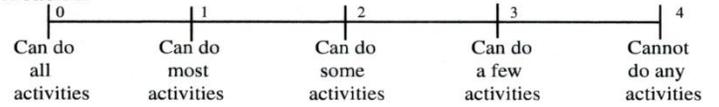
4. Travel (driving, etc.)



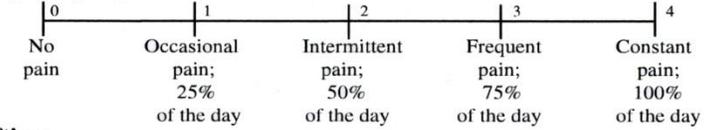
5. Work



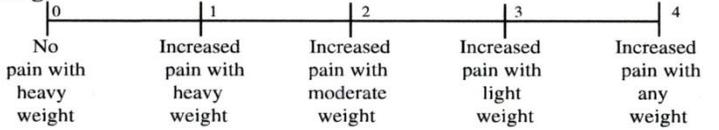
6. Recreation



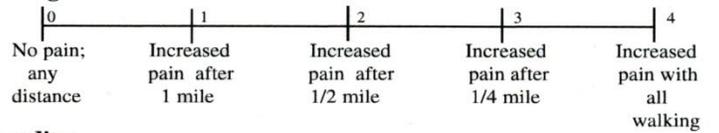
7. Frequency of pain



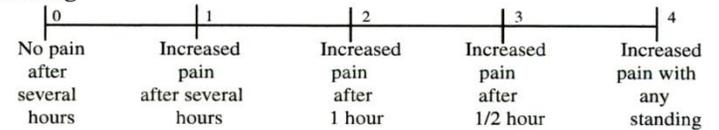
8. Lifting



9. Walking



10. Standing



Name _____ **PRINTED**

Total Score _____

Signature

Date

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FOR DOCTORS USE ONLY

BP _____ Height _____ Weight (L) _____ (R) _____ = TOTAL _____

	ROM	PAIN
Cervical		
Thoracic		
Lumbar		