

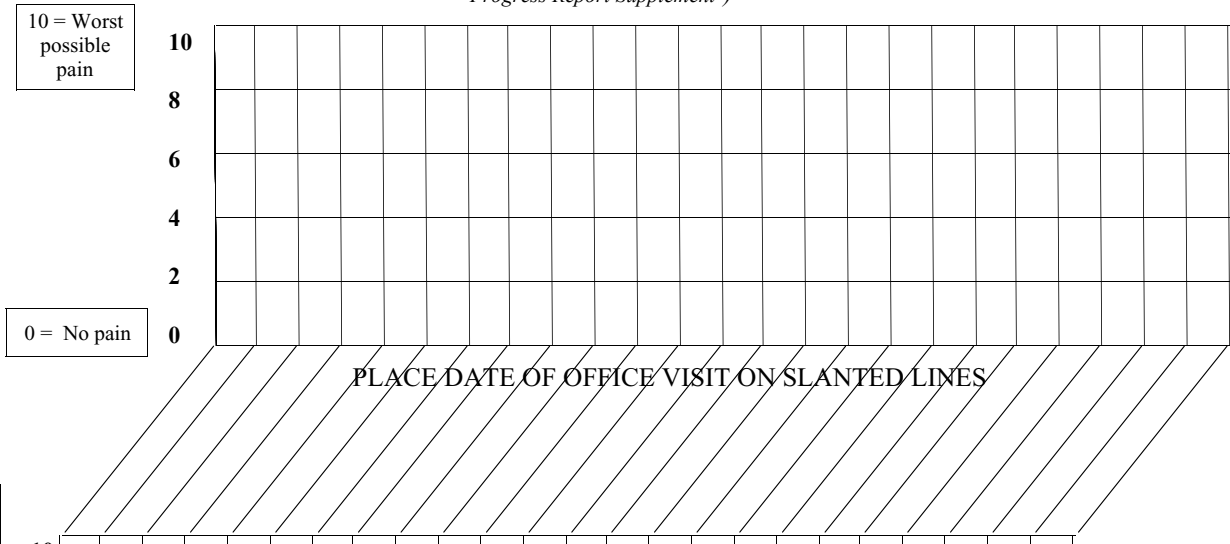
# Functional Progress Form

How can I help my patient regain function and return to work?  
 At each office visit, use this form to chart your patient's functional progress.

Patient name		Date of injury	L&I Claim number	
Employer contact	Phone	Vocational Counselor		Phone
Claim manager	Phone	Nurse consultant at L&I		Phone
For what diagnosis (es) are you using opioids?				

Start date of treatment

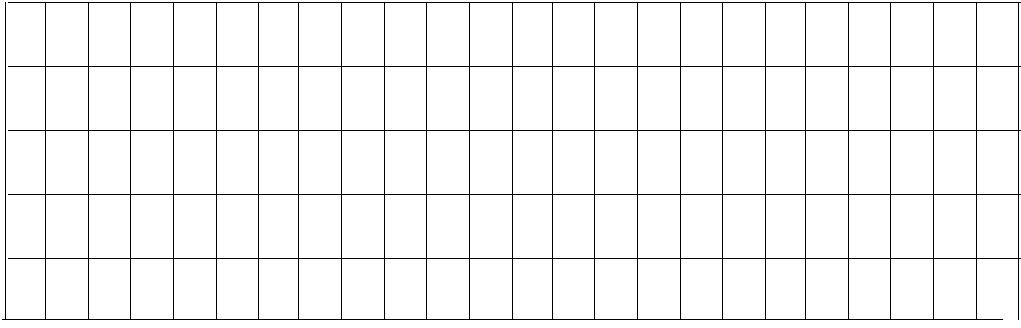
**Graph 1: Pain Summary** (When treating with opioids, this estimate is the answer to question #1 in "Opioid Progress Report Supplement")



10 = Level of Function prior to injury

5 = Partially recovered function since injury

0 = Severe impact on function at home or work.



**Graph 2: Functional Progress Summary** (When treating with opioids, this estimate is the answer to question #6b in "Opioid Progress Report Supplement")