APEX PHYSICAL THERAPY

MEDICARE REQUIRED
PQRS

NAME_____ **DATE**_____

1. BODY MASS INDEX *(IT DOESN'T HAVE TO BE PERFECT)*	
HEIGHT:	WEIGHT:

2. RATE YOUR PAIN (0 = NO PAIN, 5= MODERATE PAIN, 10= WORST PAIN EVER)	
RATE YOUR PAIN AT IT'S WORST	
RATE YOUR PAIN AT IT BEST	
RATE YOUR PAIN AT THIS MOMENT	

3. MAKE A CHECK MARK NEXT TO ALL THE WORDS THAT DESCRIBE YOUR PAIN	
	NO PAIN
	STIFF
	TIGHT
	ACHY
	SORE
	SHARP
	STABBING
	BURNING
	NUMBNESS/TINGLING
OTHER:	