Patient Feedback and **Functional Self-Assessment**



Date of Birth: //

Overall, was your experience at Select Health? Positive Degative

How would you rate Select Health? (please circle one)

Please Tell Us About:

Cleanliness of the Office: 4-Great 3-Good 2-Okay 1-Terrible 5-Excellent Check-In Process/Wait 4-Great 3-Good 2-Okay 1-Terrible 5-Excellent Time: Courtesy of Staff: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible Courtesy of Physician: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible

Ease of Traveling to Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible,

45 minute commute, 45 But 50000

Functional Self-Assessment:

Thinking ONLY about the symptoms for which you treated in OUR office... Please circle any of the functions below that you struggle to perform:

Sitting

Climbing Stairs

Sit to Stand

Pushing

Lifting

Sleeping

Getting Dressed

Doing Desk/Computer

Rolling Over

Work Sexual Activity

Housework or

Running

Yardwork Walking

Playing Sports/Exercise

Driving

Other

Standing

	Otanung	(None of These)			
	Hearing about Ne Ore TWO TOTAL HAGT GOD OLLO We Sterday Two honor By signing this document, I certify the my functional self-assessment. I her health information, in any media, webs	wed we to find and memory of manal the above statements are true, are by authorize Select Health to pusite, venue, court, or publication necessite.	Select He day Mer and accurately reflect ublish this document	PERIENCING P Carlo Forever Co Partho I walk my opinions of Select He or any portion of my p	grateful Jamiles Je to do 50 jalth and because protected of the
	established and the integrity of the	Doctor I also give select Health hel	rmission to use the o	tatamente I mada on this a	la accompany (1.4). O
	for any marketing, advertising, or prom	notional purposes they choose, on-line	or off-line, in any med	dia. treatments	I received
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(2)	Patient/Guardian Signature	ANDL	T	oday's Date <u>12 / /</u>	8/24 Health
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	The Control of the Co		Provider:	Slapw	Ų .
RITI	1): My feet we	ire absolutely nging another so	fine; but	, my knee	and
	calves are si	nging another 50	Copyri	ght © 2023 Select Health. All Right	s Reserved.
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Select Health 15720 Brixham Hill Ave., #130 Charlotte, NC 28277

Patient Feedback and **Functional Self-Assessment**

704-541-5555

PATIENT NAME:



Date of Birth:

Overall, was your experience at Select Health? Positive Degative

How would you rate Select Health? (please circle one)

Please Tell Us About:

Cleanliness of the Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible Check-In Process/Wait Time: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible Courtesy of Staff: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible Courtesy of Physician: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible Ease of Traveling to Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible

Functional Self-Assessment:

Circle any of the functions below that you struggle to perform:

Sitting

Climbing Stairs

Sit to Stand

Pushing

Lifting

Sleeping

Getting Dressed

Doing Desk/Computer Work

Rolling Over

Sexual Activity

Housework or Yardwork

Running

Walking

Playing Sports/Exercise

Driving

Other

Standing

None of These

In summary, tell us how Select Health has improved your quality of function (quality of life):

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and laid	7,200		***************************************	

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By signing this document, I certify that the above statements are true, and accurately reflect my opinions of Select Health and my functional self-assessment. I hereby authorize Select Health to publish this document, or any portion of my protected health information, in any media, website, venue, court, or publication necessary to defend the treatment plan and/or my reputation of Select Health and the integrity of the Doctor. I also give Select Health permission to use the statements I made on this document for any marketing, advertising, or promotional purposes they choose, on-line or off-line, in any media.

Patient/Guardian Signature X

Provider:

Today's Date 4 124125

Patient Feedback and Functional Self-Assessment

Overall, was your experience a				⊇ Nega ^	A	À		
How would you rate Select Health? (please circle one)							X	
Please Tell Us About:			TERRIBLE	ок	GOOD	GREAT	EXCELLENT	
Cleanliness of the Office	: 5 Excellent	4-Great	3-Good	2-Okay	1-Terrible			
Check-In Process/Wait	5-Excellent	4-Great	3-Good	2-Okay	1-Terrible			
Time: Courtesy of Staff:	3-Excellent	4-Great	3-Good	2-Okay	1-Terrible			
Courtesy of Physician:	5-Excellent	4-Great	3-Good	2-Okay	1-Terrible			
Ease of Traveling to Offi	ce: 6 Excellent	4-Great	3-Good	2-Okay	1-Terrible			
Functional Self-Assessment:								
Thinking ONLY about the symp Please circle any of the function				fice				
Sitting	Climb	ing Stairs	,					
Sit to Stand	Pushi	ing						
Lifting	Sleep	ing						
Getting Dressed	Doing	Desk/Co	mputer					
Rolling Over	Work	Sexual A	ctivity					
Housework or	Runn	ing						
Yardwork Walking	-	ng Sports	Exercise					
Driving	Other							
Standing	None	of These	ノ					
In summary, tell us how Select,	Health has imp	roved yo	ur quality	of func	tion (quali	ity of	life):	
I can begin &	· Jeel	my K	eet.					
<i>y</i>		. / /						
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signing this document, I certify that th	ne above statemer	nts are tru	e, and ac	curately re	eflect my o	oinions	of Select I	-lealt

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Provider: Shapu

Patient Feedback and Functional Self-Assessment

PATIENT NAME: Date of Birth: Overall, was your experience at Select Health? Positive Negative How would you rate Select Health? (please circle one) Please Tell Us About: Cleanliness of the Office: 4-Great 3-Good 2-Okay cellent 1-Terrible Check-In Process/Wait xcellent 4-Great 3-Good 2-Okay 1-Terrible Time: Courtesy of Staff: cellent 4-Great 3-Good 2-Okay 1-Terrible Courtesy of Physician: cellent 4-Great 3-Good 2-Okay 1-Terrible Ease of Traveling to Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible Functional Self-Assessment: Thinking ONLY about the symptoms for which you treated in OUR office... Please circle any of the functions below that you struggle to perform: Sitting Climbing Stairs Sit to Stand Pushing Lifting Sleeping **Getting Dressed** Doing Desk/Computer Rolling Over Work Sexual Activity Housework or Running Yardwork Walking Playing Sports/Exercise Driving Other_ Standing None of These In summary, tell us how Select Health has improved your quality of function (quality of life): By signing this document, I certify that the above statements are true, and accurately reflect my opinions of Select Health my functional self-assessment. I hereby authorize Select Health to publish this document, or any portion of my protected health information, in any media, website, venue, court, or publication necessary to defend the treatment plan and/or my reputation of Select Health and the integrity of the Doctor. I also give Select Health permission to use the statements I made on this document for any marketing, advertising, or promotional purposes they choose, on-line or off-line, in any media. Patient/Guardian Signature

Today's Date

PATIENT NAME: Totith		Date of Birth:
Overall, was your experience at Sele	ect Health? 🏂 Positive 🛛 Ne	egative
How would you rate Select Health? (please circle one) 🛣 🥻	
Please Tell Us About:	TERRIBLE O	K GOOD GREAT EXCELLENT
Check-In Process/Wait Time: Courtesy of Staff: Courtesy of Physician:	5-Excellent 4-Great 3-Good 2-Ok 5-Excellent 4-Great 3-Good 2-Ok 5-Excellent 4-Great 3-Good 2-Ok 5-Excellent 4-Great 3-Good 2-Ok 5-Excellent 4-Great 3-Good 2-Ok	ay 1-Terrible ay 1-Terrible ay 1-Terrible
Functional Self-Assessment: Thinking <u>ONLY</u> about the symptoms fo Please circle any of the functions below	r which you <u>treated in OUR office</u> v that you <u>struggle</u> to perform:	
Sitting	Climbing Stairs	
Sit to Stand	Pushing	
Lifting	Sleeping	
Getting Dressed	Doing Desk/Computer	
Rolling Over	Work Sexual Activity	
(Housework or	Running	
Yardwork Walking	Playing Sports/Exercise	
Driving	Other	
Standing /	None of These	
In summary, tell us how Select Health No longer have Size Up calves. Legs Even ing s	appilla Coal fine	1/2 - = = = = = = = = = = = = = = = = = =
By signing this document, I certify that the above my functional self-assessment. I hereby authorishealth information, in any media, website, venue, of Select Health and the integrity of the Doctor. I also for any marketing, advertising, or promotional purpose.	re statements are true, and accurately ize Select Health to publish this do court, or publication necessary to defend to give Select Health permission to us	y reflect my opinions of Select Health and ocument, or any portion of my protected of the treatment plan and/or my reputation of the statements I made on this document
Patient/Guardian Signature X	Provide	Today's Date (-34 35
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PATIENT NAME: Wende	/ Date of Birth: / / Date
Overall, was your experience at	Select Health? 📮 Positive 🛛 Negative
How would you rate Select Heal	
Please Tell Us About:	TERRIBLE OK GOOD GREAT EXCELLENT
Cleanliness of the Office: Check-In Process/Wait Time: Courtesy of Staff: Courtesy of Physician: Ease of Traveling to Office	5-Excellent 4-Great 3-Good 2-Okay 1-Terrible
Functional Self-Assessment: Thinking <u>ONLY</u> about the sympton Please circle any of the functions	ms for which you treated in OUR office below that you struggle to perform:
_ // neuropaly	Climbing Stairs Pushing Sleeping Doing Desk/Computer Work Sexual Activity Running Playing Sports/Exercise Other None of These Palth has improved your quality of function (quality of life): Part is much less daily Imm
Feeling beHer	
health information, in any media, website, ven Select Health and the integrity of the Doctor.	above statements are true, and accurately reflect my opinions of Select Health and atthorize Select Health to publish this document, or any portion of my protected ue, court, or publication necessary to defend the treatment plan and/or my reputation of I also give Select Health permission to use the statements I made on this document purposes they choose, on-line or off-line, in any media.
Patient/Guardian Signature X	Provider: Laps

704-541-5555	
PATIENT NAME: BARTON	Date of Birth:
Overall, was your experience at Select Health? Positive N	egative
How would you rate Select Health? (please circle one)	OK GOOD GREAT EXCELLENT
Please Tell Us About:	
Cleanliness of the Office: 5-Excellent 4-Great 3-Good 2-C	Dkay 1-Terrible
Check-In Process/Wait 5-Excellent 4-Great 3-Good 2-C	Okay 1-Terrible
Time: Courtesy of Staff: 5-Excellent 4-Great 3-Good 2-C	Okay 1-Terrible
Courtesy of Physician: 6-Excellent 4-Great 3-Good 2-C	Okay 1-Terrible
Ease of Traveling to Office: 5-Excellent 4-Great 3-Good 2-C	Okay 1-Terrible
Functional Self-Assessment:	
Thinking ONLY about the symptoms for which you treated in OUR office Please circle any of the functions below that you struggle to perform:	
Sitting Climbing Stairs	
Sit to Stand Pushing	
Lifting not overlibs Sleeping	
Getting Dressed Doing Desk/Computer	
Rolling Over Work Sexual Activity	
Housework or Running	
Yardwork Walking Playing Sports Exercise Other	
Q totti an 19	f function (quality of life) + Feo 1
Though less Dain in Feet MUST of NUMBINESS	has gane paur in Hands
about 30% Less 30% less pain in neck Lower &	BACK 30 % Less print.
In summary, tell us how Select Health has, improved your quality of I have less pain in Feet, MOST of Numbress about 30% Less, 30% less pain in neck Lower & DR. Shapiro, the improvement his helped me t	o Feel Betlere. Thanks from
By signing this document, I certify that the above statements are true, and accur my functional self-assessment. I hereby authorize Select Health to publish this health information, in any media, website, venue, court, or publication necessary to describe the select Health and the integrity of the Doctor. I also give Select Health permission to for any marketing, advertising, or promotional purposes they choose, on-line or off-line.	rately reflect my opinions of Select Health and solutions document, or any portion of my protected before the treatment plan and/or my reputation of the use the statements I made on this document
Patient/Guardian Signature X	Today's Date 2 14 12025
Drov	vider:

704 041-0000
PATIENT NAME: Date of Birth: Date of Birth:
Overall, was your experience at Select Health? 🗵 Positive 🛛 Negative
How would you rate Select Health? (please circle one)
Please Tell Us About:
Cleanliness of the Office: (5-Excellent) 4-Great 3-Good 2-Okay 1-Terrible
Check-In Process/Wait 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible
Time: Courtesy of Staff: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible
Courtesy of Physician: (5-Excellent) 4-Great 3-Good 2-Okay 1-Terrible
Ease of Traveling to Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible
Functional Self-Assessment: Thinking ONLY about the symptoms for which you treated in OUR office Please circle any of the functions below that you struggle to perform: Sitting Climbing Stairs Sit to Stand Pushing Lifting Sleeping Getting Dressed Doing Desk/Computer Rolling Over Work Sexual Activity Housework or Running Yardwork Walking Playing Sports/Exercise Driving Other
Driving Other Standing None of These
In summary, tell us how Select Health has improved your quality of function (quality of life): NENUE LARRE LAS IMPROVED ONLY FEEL ISSUE WHEN This Total and pair subsidies after movies around, By signing this document, I certify that the above statements are true, and accurately reflect my opinions of Select Health and my functional self-assessment. I hereby authorize Select Health to publish this document, or any portion of my protected health information, in any media, website, venue, court, or publication necessary to defend the treatment plan and/or my reputation of Select Health and the integrity of the Doctor. I also give Select Health permission to use the statements I made on this document for any marketing advertible and the integrity of the Doctor. I also give Select Health permission to use the statements I made on this document
for any marketing, advertising, or promotional purposes they choose, on-line or off-line, in any media.
Patient/Guardian Signature X Provider: Language Provider: Langua

Patient/Guardian Signature X

Patient Feedback and Functional Self-Assessment

PATIENT NAME: Overall, was your ex	X ቤ ካ ር ປ	elect Health? 🗓 Po	sitive (Date of Bi tive	rth: 🚚 / 1	ord I know
How would you rate	Select Health	? (please circle one) A				
Please Tell Us About			TERRIBLE	ОК	GOOD	GREAT EXCELLENT	.)
Cleanliness	of the Office:	5-Excellent 4-Great	3-Good	2-Okay	1-Terrible		r
Check-In Pro	ocess/Wait	5-Excellent 4-Great		2-Okay	1-Terrible		
Time: Courte	esy of Staff:	(5-Excellent) 4-Great	3-Good	2-Okay	1-Terrible		
Courtesy of	¥.	(5-Excellent) 4-Great		2-Okay	1-Terrible		Ŷ
	veling to Office:	5-Excellent 4-Great		2-Okay	1-Terrible	,	
Thinking ONLY abo Please circle any of	ut the symptoms the functions be	s for which you <u>treated</u> i elow that you <u>struggle</u> to p	n OUR of perform:	fice			
Sitting		Climbing Stairs					
Sit to Stand	t	Pushing					
Lifting		Sleeping					
Getting Dre	ssed	Doing Desk/Co	mputer				
Rolling Ove	∍r	Work Sexual A	ctivity				
Housework		Running					
Yardwork V	Valking	Playing Sports/	Exercise				
Driving		Other	·····				
Standing		None of These					
In summary, tell us ho Select Hea a lot of Play	w Select Hea 144 helf In the en	alth has improved you ime to be pl dresultie	r quality	of funct ∵S。∓S	ion (quali To Fte c	ty of life):	<u>th</u>
By signing this document, I can my functional self-assessment. health information, in any media Select Health and the integrity for any marketing, advertising, of	. I hereby auth a, website, venue of the Doctor. I	norize Select Health to e, court, or publication ned also give Select Health ;	publish tl essary to permission	nis docum defend the to use th	nent, or ar e treatment e statemen	ny portion of plan and/or my	my protected

Provider:

Today's Date 02/13/125

PATIENT NAME: FLOR A		Date of Birth:
Overall, was your experience at S	elect Health? Positive	☐ Negative
How would you rate Select Health	? (please circle one)	*****
Please Tell Us About:	TERRIBLE	OK GOOD GREAT EXCELLENT
Cleanliness of the Office: Check-In Process/Wait Time: Courtesy of Staff: Courtesy of Physician: Ease of Traveling to Office:	5-Excellent 4-Great 3-Good	2-Okay 1-Terrible 2-Okay 1-Terrible 2-Okay 1-Terrible 2-Okay 1-Terrible 2-Okay 1-Terrible
Functional Self-Assessment: Thinking <u>ONLY</u> about the symptoms Please circle any of the functions be	s for which you <u>treated in OUR of</u> low that you <u>struggle</u> to perform:	fice <u>.</u>
Sitting	Climbing Stairs	
Sit to Stand	Pushing	
Lifting	Sleeping	
Getting Dressed	Doing Desk/Computer	
Rolling Over	Work Sexual Activity	
Housework or	Running	
Yardwork Walking	Playing Sports/Exercise	
Driving	Other	
Standing	(None of These	
In summary, tell us how Select Heal Balance Impro feet discomfor More positive	ved rt decreased e to feel b	setter/improve
health information, in any media, website, venue.	onze select riealth to publish th court, or publication necessary to t also give Select Health permission	rately reflect my opinions of Select Health and is document, or any portion of my protected defend the treatment plan and/or my reputation of to use the statements I made on this document be, in any media.
Patient/Guardian Signature X	Prov	Today's Date <u>02, 13,20</u> 25 vider: &lapu

704-541-5555	
PATIENT NAME: 1 AWN W	Date of Birth:
Overall, was your experience at S	elect Health? 🖫 Positive 🗆 Negative
How would you rate Select Health	? (please circle one)
Please Tell Us About:	TERRIBLE OK GOOD GREAT EXCELLENT
Cleanliness of the Office: Check-In Process/Wait Time: Courtesy of Staff: Courtesy of Physician: Ease of Traveling to Office:	5-Excellent 4-Great 3-Good 2-Okay 1-Terrible
Functional Self-Assessment: Thinking <u>ONLY</u> about the symptoms Please circle any of the functions be	s for which you treated in OUR office
Sitting Sit to Stand	Climbing Stairs
Lifting	Pushing
Getting Dressed	Sleeping
Rolling Over	Doing Desk/Computer
Housework or	Work Sexual Activity (Running)
Yardwork Walking	
Driving	X Playing Sports/Exercise Other
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•	
In summary, tell us how Select Hea	Ith has improved your quality of function (quality of life):
IN MOST EVERY A	rea THAT WAS DISUSSED
There has signin	FICANT IMPROVEMENT
Dr. Shapiro AN	BWEFED ?'S AND True to his promises WI
By signing this document, I certify that the ab	DE NANNERS LOLEU Over statements are true and accurately reflect my opinions of Select User Ward
my randitional con assessment. I neleby autil	UNZE SELECT TEALTH TO DIDIESE THIS document or any portion of my protected
moditi information, in any media, website, venue	e, court, or publication necessary to defend the treatment plan and/or my reputation of also give. Select Health permission to use the statements I made on this document
for any marketing, advertising, or promotional pu	rposes they choose, on-line or off-line, in any media.
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Patient/Guardian Signature X ()	Today's Date 03 04 25
	Cer. Provider:
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	Copyright © 2023-Select Health. All Rights Reserved.

PATIENT NAME: SEN N Date of Birth: Date of Birth:
Overall, was your experience at Select Health? Depositive Depositive
How would you rate Select Health? (please circle one)
Please Tell Us About:
Cleanliness of the Office: //5-Excellent 4-Great 3-Good 2-Okay 1-Terrible
Check-In Process/Wait 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible
Time: Courtesy of Staff: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible
Courtesy of Physician: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible
Ease of Traveling to Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible
Functional Self-Assessment: Thinking ONLY about the symptoms for which you treated in OUR office
Please circle any of the functions below that you struggle to perform:
Sitting Climbing Stairs
Sit to Stand Pushing
Lifting
Getting Dressed Doing Desk/Computer
Rolling Over Work Sexual Activity
Housework or Running
Yardwork Walking Playing Sports/Exercise
Driving Other
Standing None of These
In summary, tell us how Select Health has improved your quality of function (quality of life):
ROTTOR RALLING CONTROL
DE DE DE LANCE COMIROR
By signing this document, I certify that the above statements are true, and accurately reflect my opinions of Select Health and my functional self-assessment. I hereby authorize Select Health to publish this document, or any portion of my protected health information, in any media, website, venue, court, or publication necessary to defend the treatment plan and/or my reputation of Select Health and the integrity of the Doctor. I also give Select Health permission to use the statements I made on this document for any marketing, advertising, or promotional purposes they choose, on-line or off-line, in any media.
Patient/Guardian Signature Today's Date 17 105/25
Provider: Shapw

Patient Feedback and Functional Self-Assessment

ou rate Select Health? Js About:	(J		M	K	is i	K 121	
			TERRIBLE	(or \	GOOD G	REAT EXCELL	1
	\sim		TERRIBLE		GOOD (FREAT EXCELLI	:N1
leanliness of the Office:	5-Excellent	4-Great	3-Good	2-Okay	1-Terrible		
heck-In Process/Wait	5-Excellent	4-Great	3-Good	2-Okay			
me: Courtesy of Staff:	5-Excellent	4-Great		2-Okay			
ourtesy of Physician:				2-Okay			
ase of Traveling to Office:	1.						
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	me: Courtesy of Staff: purtesy of Physician: ase of Traveling to Office: elf-Assessment: DNLY about the symptoms cle any of the functions bel tting t to Stand fiting etting Dressed blling Over busework or erdwork Walking tving anding	me: Courtesy of Staff: ourtesy of Physician: see of Traveling to Office: Excellent SExcellent SExcellent SExcellent SExcellent SExcellent SExcellent SExcellent SINGLY About the symptoms for which you selve any of the functions below that you selve tting It to Stand Fushing Sleepi Setting Dressed Doing Our Work Ousework or Fushing Flayin Toing Other anding None	me: Courtesy of Staff: Durtesy of Physician: See of Traveling to Office: DILY about the symptoms for which you treated in the functions below that you struggle to putting to Stairs to Stand Pushing Sleeping Putting Sleeping	me: Courtesy of Staff: Durtesy of Physician: See of Traveling to Office: DILY about the symptoms for which you treated in OUR of cle any of the functions below that you struggle to perform: Climbing Stairs Iting It to Stand Pushing Sleeping Petting Dressed Doing Desk/Computer Dusework or Double of These Double of These	me: Courtesy of Staff: Description: Descri	me: Courtesy of Staff: Sexcellent 4-Great 3-Good 2-Okay 1-Terrible	me: Courtesy of Staff: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible ourtesy of Physician: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible ase of Traveling to Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible ase of Traveling to Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible ase of Traveling to Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible ase of Traveling to Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible ase of Traveling to Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible ase of Traveling to Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible as a Good 2-Okay

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Patient/Guardian Signature X

Today's Date 3 //8 / 23

Select Health and the integrity of the Doctor. I also give Select Health permission to use the statements I made on this document

Patient Feedback and Functional Self-Assessment

FIOW WOL	ıld you rate Select Health?) (please circle one	e) \	A2	\$ \$\$ \$\land \$\land \text{\$\land \text{\$\exitin \text{\$\land \tex
Please T	ell Us About:	2	TERRIBLE	ок	GOOD GREAT EXCELLENT
	Cleanliness of the Office:	5-Excellent 4-Great	3-Good	2-Okay	1-Terrible
	Check-In Process/Wait	5-Excellent 4-Great	3-Good	2-Okay	1-Terrible
	Time: Courtesy of Staff:	5-Excellent 4-Great	3-Good	2-Okay	1-Terrible
	Courtesy of Physician:	5-Excellent /4-Great	3-Good	2-Okay	1-Terrible
	Ease of Traveling to Office:	5-Excellent 4-Great	3-Good	2-Okay	1-Terrible
	Sit to Stand - a Letter Lifting	Pushing Sleeping — ;	Don	e	
	Getting Dressed	Sleeping — ; Doing Desk/Co			
	Rolling Over	Work Sexual A	•		0 0
	Housework or	Running - 7	0 m	ore o	f Hat's
	Yardwork Walking –a 🔎	Title Playing Sports	Exercise		V
	Driving	Other			
		N1 6 771			
	Standing	None of These			
In summa	Standing ry, tell us how Select Hea			of func	tion (quality of life):

By signing this document, I certify that the above statements are true, and accurately reflect my opinions of Select Health and my functional self-assessment. I hereby authorize Select Health to publish this document, or any portion of my protected health information, in any media, website, venue, court, or publication necessary to defend the treatment plan and/or my reputation of Select Health and the integrity of the Doctor. I also give Select Health permission to use the statements I made on this document for any marketing, advertising, or promotional purposes they choose, on-line or off-line, in any media.

Patient/Guardian Signature X William Today's Date X 1

Patient Feedback and Functional Self-Assessment

low would you rate Select Health?	(please circle one)
Please Tell Us About:	TERRIBLE OK GOOD GREAT EXCELLENT
Cleanliness of the Office:	5-Excellent 4-Great 3-Good 2-Okay 1-Terrible
Check-In Process/Wait Time:	(5-Excellent) 4-Great 3-Good 2-Okay 1-Terrible
Courtesy of Staff:	(5-Excellent) 4-Great 3-Good 2-Okay 1-Terrible
Courtesy of Physician:	(5-Excellent) 4-Great 3-Good 2-Okay 1-Terrible
Ease of Traveling to Office:	5-Excellent 4-Great 3-Good 2-Okay 1-Terrible
Lifting Getting Dressed	Pushing Sleeping Doing Desk/Computer Work
Getting Dressed	Doing Desk/Computer Work
Rolling Over	Sexual Activity
Housework or Yardwork	Running
Walking	Playing Sports/Exercise
Driving	Other
Standing	None of These >
summary, tell us how Select Healt	h has improved your quality of function (quality of life):
I have hetter belo	nce and feeling in my feet and har do
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health information, in any media, website, venue, court, or publication necessary to defend the treatment plan and/or my reputation of Select Health and the integrity of the Doctor. I also give Select Health permission to use the statements I made on this document for any marketing, advertising, or promotional purposes they choose, on-line or off-line, in any media.

Patient/Guardian Signature X

Today's Date 4/2/25

Patient/Guardian Signature X A aug

Patient Feedback and Functional Self-Assessment

TIENT NAMI	E: GARY CE					Date of I	Birth: _		
Overali, v	vas your experience at S	elect Health'	? ″⊈ Pc	sitive (⊒ Nega	tive			
How woul	ld you rate Select Health	? (please ci	ircle one	e) 🔬					
Please Te	ell Us About:			TERRIBLE	OK	GOOD	GREAT	EXCELLE	NT
	Cleanliness of the Office:	(5) Excellent	4-Great	3-Good	2-Okay	1-Terrik	ole		
	Check-In Process/Wait	(5) Excellent			2-Okay	1-Terrik			
	Time: Courtesy of Staff:	(5) Excellent				1-Terrik			
	Courtesy of Physician:	(3-Excellent			2-Okay	1-Terrik			
	Ease of Traveling to Office:	5-Excellent				∄ Terrib			
Thinki	I Self-Assessment: ng <u>ONLY</u> about the symptoms e circle any of the functions be	s for which yo slow that you <u>s</u> t	u <u>treated</u> ruggle to	in OUR of perform:	fice				
	Sitting	Climb	ing Stairs	i					
	Sit to Stand	Pushi	•						
	Lifting	Sleep	ing						
	Getting Dressed	Doing	Desk/Co	mputer					
	Rolling Over	Work	Sexual A	ctivity					
	Housework or	Runni	ng						
	Yardwork Walking	Playin	g Sports/	Exercise					
	Driving	Other							
In summar	Standing) ASSISTLY AT THE y, tell us how Select Hea	<i>Chriecle</i> alth has impr	oved you	ur quality	of func	tion (qua	anty Oi	me).	Jours A Time
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Feet	and the second second							,	
functional sea alth information	locument, I certify that the al If-assessment. I hereby auti n, in any media, website, venu If the integrity of the Doctor. I	norize Select i e, court, or pub	Health to lication ne	publish t cessary to	his docur defend th	nent, or e treatme	any po ent plan	ortion o and/or i	f my protected my reputation of

Provider:

Today's Date 4 1 7 1 20 35

Patient Feedback and Functional Self-Assessment

PATIENT NAME: Date of Birth: Overall, was your experience at Select Health? Positive Negative How would you rate Select Health? (please circle one) Please Tell Us About: Cleanliness of the Office: 5-Excellent-4-Great 3-Good 2-Okay 1-Terrible Check-In Process/Wait 3-Good 2-Okay 4-Great 1-Terrible Time: Courtesy of Staff: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible 2-Okav Courtesy of Physician: 4-Great 3-Good 5-Excellent) 1-Terrible Ease of Traveling to Office: 4-Great 3-Good 2-Okay 1-Terrible 5-Excellent Functional Self-Assessment: Thinking ONLY about the symptoms for which you treated in OUR office... Please circle any of the functions below that you struggle to perform: Climbing Stairs Sitting Sit to Stand Pushing Lifting Sleeping **Getting Dressed** Doing Desk/Computer Rolling Over Work Sexual Activity Housework or Running Yardwork Walking Playing Sports/Exercise Driving Other None of these Standing In summary, tell us how Select Health has improved your quality of function (quality of life):

By signing this document, I certify that the above statements are true, and accurately reflect my opinions of Select Health and my functional self-assessment. I hereby authorize Select Health to publish this document, or any portion of my protected health information, in any media, website, venue, court, or publication necessary to defend the treatment plan and/or my reputation of Select Health and the integrity of the Doctor. I also give Select Health permission to use the statements I made on this document for any marketing, advertising, or promotional purposes they choose, on-line or off-line, in any media.

Patient/Guardian Signature X

Provider:

Today's Date_

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Patient Feedback and Functional Self-Assessment

TIENT NAME: DE TTY		Date of Birth: / / / / / / / / / / / / / / / / / / /
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Overall, was your experience at Selec	of Health? Let Positive Line	gative
How would you rate Select Health? (µ		OK GOOD GREAT EXCELLENT
Please Tell Us About:	TENNOCE .	
Cleanliness of the Office:	(5-Excellent) 4-Great 3-Good	2-Okay 1-Terrible
Check-In Process/Wait Time:	(5-Excellent) 4-Great 3-Good	AND SERVICE TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE S
Courtesy of Staff:	5-Excellent 4-Great 3-Good	
Courtesy of Physician:	(5-Excellent) 4-Great 3-Good	1. The control of the
Ease of Traveling to Office:	5-Excellent 4-Great (3-Good)	•
Functional Self-Assessment: Circle any of the functions below	that you <u>struggle</u> to perform:	
Sitting	Climbing Stairs	
Sit to Stand	Pushing	
Lifting	(Sleeping)	
(Getting Dressed)	Doing Desk/Computer Work	
(Rolling Over)	Sexual Activity	
(Housework or Yardwork)	(Running)	
(Walking)	Playing Sports/Exercise	
Driving	Other	
Standing	None of These	
in summary, tell us how Select Health	has improved your quality of fu	unction (quality of life):
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atient/Guardian Signature X/3	ally "	Today's Date <u> ~ / オッ / </u> ス-

Patient Feedback and Functional Self-Assessment

PATIENT NAME: Date of Birth: Overall, was your experience at Select Health?

Positive
Negative How would you rate Select Health? (please circle one) Please Tell Us About: Cleanliness of the Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible Check-In Process/Wait 5-Excellent 4-Great 3-Good 2-Okav 1-Terrible Time: Courtesy of Staff: 5-Excellent 4-Great 3-Good 2-Okav 1-Terrible Courtesy of Physician: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible Ease of Traveling to Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible Functional Self-Assessment: Thinking ONLY about the symptoms for which you treated in OUR office... Please circle any of the functions below that you struggle to perform: Sitting Climbing Stairs Sit to Stand Pushing Lifting Sleeping **Getting Dressed** Doing Desk/Computer Rolling Over Work Sexual Activity Housework or Running Yardwork Walking Playing Sports Exercise Driving Other Standing None of These In summary, tell us how Select Health has improved your quality of function (quality of life): Ano Doth

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Patient/Guardian Signature X Mal Today's Date 4,22, 2025

Provider: Lapu DC

Patient Feedback and Functional Self-Assessment

PATIENT NAME: HUN; E Date of Birth: Overall, was your experience at Select Health? Positive Negative How would you rate Select Health? (please circle one) Please Tell Us About: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible Cleanliness of the Office: Check-In Process/Wait 15-Excellent 4-Great 3-Good 2-Okav 1-Terrible Time: Courtesy of Staff: 5-Excellent 4-Great 3-Good 2-Okav 1-Terrible Courtesy of Physician: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible Ease of Traveling to Office: 5-Excellent 4-Great 3-Good 2-Okay 1-Terrible Functional Self-Assessment: Thinking ONLY about the symptoms for which you treated in OUR office... Please circle any of the functions below that you struggle to perform: Sitting Climbing Stairs? Sit to Stand Pushing Lifting Sleeping **Getting Dressed** Doing Desk/Computer Rolling Over Work Sexual Activity Housework or Running > Yardwork Walking Playing Sports/Exercise Driving Other Standing) None of These In summary, tell us how Select Health has improved your quality of function (quality of life):

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Patient/Guardian Signature X University Today's Date 05 / 13 / AVAS