

NORTHERN UTAH CHIROPRACTIC

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Functional Loss

Please describe any difficulties you are now having as a result of your injury and ensuing bodily damage:

I. Personal loss (household chores, grooming, shopping, hobbies, sex):

II. Social loss (dancing, going for walks, playing with children, gardening, hobbies, driving, sports, exercising):

III. Work loss (change of job, loss of job, modification of duty, pay cut, pain):

Signature _____ Date _____