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 Date(s) you treated the patient for condition: ____

 Will the patient need to have treatment visits at least twice per year due to the condition? ___No ___Yes

 Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
 ___No _

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6. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities?
___No___Yes

BaƐed ƵƉŽŶ ƚhe ƉaƚieŶƚ͛Ɛ ŵedical hiƐƚŽƌǇ aŶd ǇŽƵƌ kŶŽǁledge Žf ƚhe ŵedical cŽŶdiƚiŽŶ͕ estimate the frequency of flare-ups and
the duration of related incapacity that the patient may have over the next 6 months (e.g. 1 episode every 3 months lasting 1-2
days):

Frequency:________times per______week(s)________month(s)

Duration:________hours or________day(s) per episode