

Patient Name:

Client Name:



Sports Medicine & Rehabilitation Service Feline Functional Questionnaire

What is the main reason for today's visit?

What is your primary goal in meeting with the Rehabilitation and Mobility Service today?

Please checkmark how much difficulty your cat has with the following activities:

Jumps up on furniture:

Easy	Somewhat hesitant	Very hesitant	No longer attempts
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Jumps on counters:

Easy	Somewhat hesitant	Very hesitant	No longer attempts
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Jumps down:

Easy	Somewhat hesitant	Very hesitant	No longer attempts
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Climbs stairs:

Easy	Somewhat hesitant	Very hesitant	No longer attempts
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Descends stairs:

Easy	Somewhat hesitant	Very hesitant	No longer attempts
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Plays:

Easy	Somewhat hesitant	Very hesitant	No longer attempts
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Lies down:

Easy	Somewhat hesitant	Very hesitant	No longer attempts
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Rises after rest

Easy	Somewhat hesitant	Very hesitant	No longer attempts
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Uses the litterbox:

Easy	Somewhat hesitant	Very hesitant	No longer attempts
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Interacts with family:

Easy	Somewhat hesitant	Very hesitant	No longer attempts
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**Sports Medicine & Rehabilitation Service
Feline Functional Questionnaire**

What activities make your pet's symptoms worse?

What activities make your pet's symptoms better?

Do you think your pet is in pain? **Yes** **No**

If yes, please describe:

Please list any past surgeries or major medical problems:

Please list all medications (include the name, dosage, and frequency):

Please list any oral or topical supplements or herbal remedies that are given (include name/brand, dose, and frequency):

Please list diet and treats given (include the name/brand, amount given, and how often):

Does your pet have any food allergies or sensitivities? **Yes** **No**

If yes, please describe:

What is your pet's favorite treat?

Some of our treatments require direct skin contact. Do we have permission to clip/shave your pet's fur? **Yes** **No**

Client Signature

Date