

CLIENT COMMUNICATOR (CC)

Name: POC Start Date CC # Page 1 of

	DATE (M/D/YEAR) → SYMPTOMS ↓														
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	DINC CHIDELINES (Into	ncity / Fro	anona)]	[f bot]	h I &	Fnu	mhor	s the	como	nut	numb	or or	100	
SCORING GUIDELINES (Intensity / Frequency) – Intensity Scores						Frequency Scores									
10	Most Severe					Every moment of every day									
7-8-9	Severity (7=Low;8=Moderate, 9=High)					Every day, but not every moment of the day									
4-5-6	, , ,					Six (6) days a week									
1-2-3 Mild (1=Low; 2=Moderate; 3=High Mild)						1	4-5 days a week								
NOTE: #1 to 9 are degrees of Severity, Moderate and Mild							2-3 days a week								
Symptom Intensity. Ex: Symptom Fatigue is 10 if							4-7 days of every other week 1-3 days of every other week								
have no energy to get out of bed; 9 if need walker or							3-7 times per month.								
wheelchair to get around, 4-6 if dragging most						Twice per month.									
weeks; 1-3 if occasional tiredness not helped by															
reducing activity or getting a good night's sleep.						Once per month. No Symptoms in Intensity or Frequency									
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