

CLIENT NAME: \_\_\_\_\_  
Submit the Client Information Questionnaire with this form

1. Please note type of scleroderma:

- localized scleroderma-morphea or linea
- limited scleroderma/CREST
- progressive systemic sclerosis-diffuse scleroderma

2. Please list date of first diagnosis: \_\_\_\_\_

3. Is client on any medications? (accurate name, dosage, and reason)

4. Please check if client has had any of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> weight loss       | <input type="checkbox"/> biliary cirrhosis        |
| <input type="checkbox"/> heart disease     | <input type="checkbox"/> liver enzyme abnormality |
| <input type="checkbox"/> lung disease      | <input type="checkbox"/> kidney disease           |
| <input type="checkbox"/> Reynaud's disease | <input type="checkbox"/> trouble swallowing       |

5. Please list functional ability:

- fully active
- sedentary
- uses walker, cane, etc.
- uses wheelchair

6. Does your client have any other health problems? (additional questionnaires may be required)

Please fax to 612-392-7644 or email to [mvp@mvp-solutions.com](mailto:mvp@mvp-solutions.com)