

Status Follow-up

Patient Name: _____ (Patient ID)

Date of Birth (DOB): _____/_____/_____

Op Note Date: _____/_____/_____ (Most recent procedure date)

Treatment Center: _____

Date of Questionnaire Completion: _____/_____/_____

Time Period (please circle):

Baseline	(0 days, No more than 1 week prior to procedure)
1 day	(24 hours)
1 week	(7 days)
1 Month	(30 days)
3 Months	(90 days)
6 Months	(180 days)
9 Months	(270 days)
1 year	(360 days or 12 months)
1 year 3 months	(450 days or 15 months)
1 year 6 months	(540 days or 18 months)
1 year 9 months	(630 days or 21 months)
2 years	(720 days or 24 months)
2 years 3 months	(810 days or 27 months)
2 years 6 months	(900 days or 30 months)
2 years 9 months	(990 days or 33 months)
3 years	(1,080 days or 36 months)
4 years	(1,440 days or 48 months)
5 years	(1,800 days or 60 months)

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True Time Period Months: _____ Month/s

Rounded Time Period Months: _____ Month/s

(If you are receiving this form BEFORE your 1st stem cell procedure, please skip to the bar graph questions below).

At any point in time after deployment, did you notice improvement? (Please circle)

Yes

No

When did you notice your first response? On Date: _____/_____/_____

_____ minute/s, _____ hour/s, _____ day/s, _____ week/s, _____ month/s, _____ year/s, Don't Know Yet

Status Follow-up

When did your improvement hit its peak, if it has?

On Date: _____/_____/_____

_____ minute/s, _____ hour/s, _____ day/s, _____ week/s, _____ month/s, _____ year/s

Skip to next question if not applicable

If your improvement has not hit its peak yet, please check the following box:

I don't know

Skip to next question if not applicable

If applicable, how long did your improvement last before it reverted back to original symptoms?

On Date: _____/_____/_____

_____ minute/s, _____ hour/s, _____ day/s, _____ week/s, _____ month/s, _____ year/s

Skip to next question if not applicable

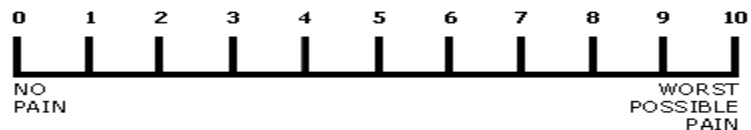
Choose one answer below that best describes how the stem cell deployment has worked for you so far:

I still have good improvement

I still have some improvement

I am almost back to the original symptoms I had before my stem cell deployment

Please circle the number that best describes your pain at rest:



Please circle the number that best describes your pain while walking:



Can't walk

Have you had any adverse events from your SVF procedure?

Yes

No

Status Follow-up

If yes, please explain your adverse event/s:

Have you been diagnosed with a tumor or cancer since your SVF deployment? (Please circle)

Yes

No

If yes, please explain:

Additional Notes:
