

Hand And Elbow History

What Do You Do For A Living?: _____

What Hurts? Right Left **How Long Has It Been Going On?** _____

Circle: Wrist, Forearm, Hand, Thumb, Index Finger, Middle Finger, Ring Finger, Small Finger

Do You Have Numbness Or Tingling? Yes No

How Often Do You Have Numbness Or Tingling?

- Constant (5)
- Several Times A Day (4)
- Few Times A Day (3)
- Several Times A Week (2)
- Few Times A Week (1)

How Severe Is The Numbness or Tingling?

	0	1	2	3
	None	Mild	Moderate	Severe

How Severe Is The Pain?

	0	1	2	3
	None	Mild	Moderate	Severe

Degree Of Weakness?

	0	1	2	3
	None	Mild	Moderate	Severe

Does The Symptoms....	Yes	No	Sometimes
Awaken You From Sleep?			
Worsen At Work?			
Occur When Working?			
Occur When Driving?			
Occur Without Any Activity At All?			

Have You Seen A Doctor For This Condition Prior To Your Visit Today? Yes No

Have You Had An EMG/Nerve Study Done In The Past? Yes No

How Long Ago Did You Have An EMG/Nerve Study? _____

Have You Tried Any Treatments:

	Yes	No	Did This Help?
Anit-Inflammatory/Pain Medications			
Splints			
Steroid Injections			
Therapy			
Chiropractic			
Other Treatments			