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 Numbess 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

<table>
<thead>
<tr>
<th>Does The Symptoms...</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
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<tbody>
<tr>
<td>Awaken You From Sleep?</td>
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<td>Worsen At Work?</td>
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<td>Occur When Working?</td>
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<td>Occur When Driving?</td>
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<td>Occur Without Any Activity At All?</td>
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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:

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<th></th>
<th>Yes</th>
<th>No</th>
<th>Did This Help?</th>
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<tbody>
<tr>
<td>Anit-Inflammatory/Pain Medications</td>
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<td>Splints</td>
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<td>Steroid Injections</td>
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<td>Therapy</td>
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<td>Chiropractic</td>
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<td>Other Treatments</td>
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