Northtowns Orthopedics, P.C.

HAND / WRIST / ELBOW HISTORY

Name:_______________________________ Date:____________________

Which is your dominant hand? _______Right _______Left

How long have you had symptoms?____

This problem started _______Suddenly _______Gradually

My problem is _______Constant _______Intermittent

My Complaints are: (Check all that apply)

_______Pain _______Swelling _______Stiffness

_______Weakness _______Numbness _______Tingling

_______Snaps / Clicks Other_____________________

What makes the problem worse:

_______Activity

_______Weather Changes

_______Nighttime

_______Exercise (during)

_______Exercise (after)

_______Other________________

What makes the problem better:

_______Rest

_______Pain Pills

_______Physical Therapy

_______Brace / Splint

_______Injections

_______Medication

_______Other______________________

Treatment to Date:____
____

Emergency Room ?____

Have you had any of the following diagnostic studies and/or treatment? (Check all that apply)

_______X-Rays _______Bone Scan _______Arthrogram

_______CT Scan _______MRI _______EMG/Nerve Conduction Study

_______Blood Tests ____

_______Other Study ____

_______Splint or Brace Type_______________________Used for how long?_________________

_______Physical Therapy How Often?__________How Long?__________Last TX______________

_______Hospitalized / Surgery: Where / What / When / Surgeon ?

____

____

Reviewed by:__________________