

# 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: \_\_\_\_\_