WRIST QUESTIONNAIRE

				OOB:				
1.) W	hich wrist(s) did vou	ı hurt?						
2.) Is:	this a new presenta	tion of wrist pain, or a follow-	un?					
, 3.) Dia	Is this a new presentation of wrist pain, or a follow-up?							
,, J.,	Did another provider refer you? If yes, who?							
4.) W	hat is your hand dor	minance?						
	ambidextrousleft hand dominant		right hand dominant no dominance					
	•		g.rt riana aominiant	no dominance				
5.) De	Describe how and where your symptoms occurred/how you injured your wrist? Be specific (include dat							
	, , , , , , , , , , , , , , , ,							
5.) WI	hat best describes y	our wrist pain? (check all that	apply)					
	aching	cramp-like	intermittent	sharp				
	acute	diminishing	morning pain	stabbing				
	acute on chronic	dull	night pain	staying the same				
	burning	electric	pins and needles	swelling				
	catching	giving way	popping	tender to touch				
	chronic	gradual	pressure	throbbing				
(clicking	grinding	progressive	worsening				
	constant	tone managed to a	14					
		improving h your wrist pain/what sympt	radiating oms do you have? (check	other:all that apply)				
7.) Wh	hat is associated wit elbow pain finger numbness	-	oms do you have? (check shoulder pain worse with finger mo	all that apply) other: ovement				
7.) Wł ' '	hat is associated wit elbow pain finger numbness finger tingling	h your wrist pain/what sympto hand swelling hand weakness limited ROM at wrist	oms do you have? (check shoulder pain worse with finger mo worse with wrist mo	all that apply) other: ovement				
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aspirationmuscle relaxantssplint other:		iration muscle		, ,	• •	
castanti-inflammatory medsTylenolinjectionsphysical therapyno treatment				•	otner:	
injectionsphysical therapyno treatment 13.) Have you had any procedures or surgeries to treat the wrist pain? If yes, what type? 14.) What diagnostic imaging studies have you had for this problem? (check all that apply)bone scanEMG/nerve conduction studyplain radiographs (X-ray) other:CT scanMRIno imaging studies 15.) How has this problem limited you? (check all that apply)attending school on a limited basisinability to perform ADL'sworking on a limited badifficulty with ADL'sinability to workno limitationsdifficulty with REC sports participationrequiring constant assistanceworking light duty [_difficulty attending schoolworking light duty] _ERanother doctortherapisttrainerurgent carewalk-in clinicother: i certify that I have read and understand the above information to the best of my knowledge, and that the above questions have been acurately answered. I understand that providing incorrect information can be dangerous to my health. I authorize the physician to release any information including the diagnosis and the records of any treatment or examination rendered to third party payors and/or health practioners. I authorize and request misrance company to pay directly to the physician incursance benefits otherwise payable to me. I understand that my insurance carrier may pay ises than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents. Patient's Signature			•			
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4.) What diagnostic imaging studies have you had for this problem? (check all that apply) _bone scan _EMG/nerve conduction studyplain radiographs (X-ray) other:		pnysic	ai therapy	no treatment		
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Recall Review Signatures: Date: Dat	diffic diffic func inab 6.) Who I	culty with ADL's culty with REC sports partional limitations ility attending school have you seen for this partial another doctor I certify that I have read and questions have been acurat health. I authorize the physor examination rendered to company to pay directly to carrier may pay less than the	inabarticipation requested	ility to work uiring constant assistan uiring occasional assista king light duty nat apply) nerurgent care rmation to the best of my kno that providing incorrect infor tion including the diagnosis al ealth practicioners. I authorize efits otherwise payable to me	no limitation of them in the above the records of any treate and request my insurance. I understand that my insurance. I understand that my insurance.	other:
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