excel orthopedics

intake wrist/hand worksheet | 1

today's date

patient name

referring physician first name | referring physician last name

reason for appointment

wrist questions

which wrist/hand bothers you? | How long has it been bothering you?

☐ right ☐ left ☐ both

where does it hurt?

☐ palmar (volar) ☐ backside (dorsal) ☐ medial (ulnar) ☐ lateral (radial) ☐ deep ☐ superficial

have you had a dislocation of the elbow?

☐ yes ☐ no

describe your pain:

☐ aching ☐ burning ☐ stabbing ☐ throbbing ☐ sharp ☐ dull ☐ toothache
☐ occasional ☐ recurrent ☐ intermittent ☐ constant ☐ worsening ☐ improving

associated event

☐ fall ☐ lifting ☐ twisting ☐ sports injury ☐ work injury ☐ MVA ☐ assault
☐ other

what is your **AVERAGE** pain level?

☐ 0 - no pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 - worst pain

what is your **WORST** pain level?

☐ 0 - no pain ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 - worst pain

Did you have an injury? What?

does anything make it **BETTER**?

☐ nothing ☐ lying down ☐ lifting ☐ carrying ☐ twisting ☐ pushing ☐ pulling ☐ gripping
☐ squeezing ☐ throwing ☐ weight bearing ☐ exercise ☐ changing clothes ☐ elevation ☐ typing
☐ stretching ☐ ice ☐ warm ☐ rest ☐ morning ☐ daytime ☐ nighttime ☐ work

does anything make it **WORSE**?

☐ nothing ☐ lying down ☐ lifting ☐ carrying ☐ twisting ☐ pushing ☐ pulling ☐ gripping
☐ squeezing ☐ throwing ☐ weight bearing ☐ exercise ☐ changing clothes ☐ stretching
☐ cold weather ☐ morning ☐ daytime ☐ nighttime ☐ work

do you have **ANY** of these associated symptoms?

☐ weakness ☐ numbness ☐ tingling ☐ swelling ☐ redness ☐ warmth ☐ bruising
☐ catching/locking ☐ popping/clicking ☐ grinding ☐ radiation down arm ☐ dislocation
☐ fever ☐ chills ☐ weight loss ☐ change in bowel/bladder habits

have you had any previous surgeries on your neck, elbow or wrist? **please list**

have you had physical therapy?	how many sessions?	did it help?
☐ yes ☐ no		☐ yes ☐ little ☐ significant ☐ temporarily ☐ no

have you had any wrist/hand injections?	how many?	did it help?
☐ yes ☐ no		☐ yes ☐ little ☐ significant ☐ temporarily ☐ no
when was the last injection?	by who?	

have you taken any pain medications? **list** *(aspirin, Aleve, etc)*	did it help?
☐ yes ☐ no	☐ yes ☐ little ☐ significant ☐ temporarily ☐ no

do you take narcotic pain medications? **list** *(codeine or stronger)*	how many pills do you take each day?
☐ yes ☐ no	

does your wrist/hand wake you from you sleep?	does your wrist/hand feel stiff?	do you have neck pain?
☐ yes ☐ no	☐ yes ☐ no	☐ yes ☐ no

does the pain radiate down the...

☐ right arm ☐ left arm ☐ right shoulder ☐ left shoulder ☐ back

is the pain relieved by putting hand on head?	increased by head movement
☐ yes ☐ no	☐ flexion ☐ extension ☐ rotation left ☐ rotation right

are you working?

☐ full duty ☐ limited duty ☐ on full disability ☐ on partial disability