

NEW PATIENT QUESTIONNAIRE – PERIPHERAL NERVES

Patient Name: _____ Age: ____ Referred by: _____

B/P: _____ HR: _____ Resp: _____ Weight: _____ Height: _____ R _____ L _____ Handed

What is your primary complaint that brought you here today? .

When did your symptoms begin?

Was there an accident or injury prior to the symptoms. If yes, when was the accident/injury?

Is the accident work related?

Is there litigation pending?

Possible litigation?

Please describe the accident.

- Have you ever;
- 1) experienced this same type of pain?
 - 2) seen a doctor for this same type of pain?
 - 3) had any treatment or studies for this same type of pain?

Have you noticed any numbness or tingling? If so where? Please describe.

Have you noticed a loss of strength or grip/or leg strength?

Do you have shooting pain? Where? Is it constant or intermittent?

Do you have twitching of muscles?

If you have hand or wrist pain, does it awaken you at night? Once awake, what do you do to help the pain?

What have you found that helps the symptoms?

Have you had an EMG? If so, when and where?

What treatment have you received prior to surgery? (i.e. hand splints, physical therapy, medications)

Has it helped?

Are you symptoms improving, getting worse or staying the same?

Are you able to live with the pain?