

HAND INFORMATION

Please try to be as accurate as possible

Personal Information

Name: _____ Age: _____

Dominant Hand: Right Left Height _____ Weight _____

Employment Information – Please try to be as complete as possible.

Who is your current employer? _____

Position/Dates of employment: _____

Describe your duties/job requirements/motions: _____

Tools Used: _____

What restrictions, if any, apply: _____

Past employment over the last two years

Position/Duration: _____

Describe your duties: _____

Chief Complaint

Date of Onset and Circumstances: _____

Description of symptoms: _____

What makes it better: _____

What makes it worse: _____

Past Medical History

Have you had any hand

Injuries (list dates): _____

Fractures (list dates): _____

Operations (list dates): _____

Outside activities/work/hobbies: _____

Your Signature: _____ Date: _____

For Physician Use Only		
	Left	Right
Tinels		
Phalens		
NCT		
Finkelsteins		
		