



NEWPORT

ORTHOPEDIC INSTITUTE

## Hand and Upper Extremity History

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Referred by: \_\_\_\_\_

Place of Injury: \_\_\_\_\_

Handedness:            *Right*            *Left*            Occupation: \_\_\_\_\_

Please describe what area of your arm or hand hurts you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe exactly when and how your injury occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How frequent is your pain?

*Occasional*            *Intermittent*            *Frequent*            *Constant*

How severe are your symptoms?

*Mild*            *Slight*            *Moderate*            *Severe*

How would you rate your pain on a scale of 0 to 10?

(0 = no pain; 10 = worst imaginable pain)

When you first experienced the pain: \_\_\_\_\_

Over the past 2 weeks: \_\_\_\_\_

Now: \_\_\_\_\_

What type of pain do you have?

*Sharp*            *Dull*            *Aching*            *Stabbing*            *Electrical*



NEWPORT

ORTHOPEDIC INSTITUTE

## Hand and Upper Extremity History

---

Where does the pain radiate?

*Neck*

*Shoulder*

*Elbow*

*Hands*

*Fingers*

What activities make your pain worse?

---

---

---

What activities make your pain better?

---

---

---

What medications have you tried for this problem?

---

---

---

Have you had physical or hand therapy?

*Yes*

*No*

If yes, when? \_\_\_\_\_

Did the therapy help you?

---

Have you had previous procedures for your problem?

---

---

---