

Middle Tennessee Plastic Surgery, P.C.

Initial Hand Evaluation

Name: _____ Chart Number: _____ Date: _____

Who referred you to us? _____ Primary Medical Doctor: _____

Affected Hand (circle one): Right Hand Left Hand Both

Which hand bothers you worse? Right Hand Left Hand Equal

How old are you? _____ Are you (Circle One): Right Handed Left Handed

Employer: _____ Job Title: _____ Yrs. Employed there: _____

Describe your job:

Are you currently working at your "normal" job? Yes No If not, since when? _____

Approximate date of injury or first symptoms: _____

Describe your injury (if applicable) or the problem you are having:

What other doctors have you consulted for this problem?

Please answer the following by placing an X on the line above each answer:

My Hands bother me: _____

Rarely or Never Sometimes Often Constantly

Pain Level: _____

None or Minimal Moderate Severe

Numbness or Tingling: _____

None or Minimal Moderate Severe

What activities seem to make your symptoms worse?

Do your hands bother you at night? Yes No

What have you tried to ease your symptoms? _____

Please circle if you do any of the following once a week or more:

Mow the Grass Weed eat Use power tools Ride a motorcycle or four wheeler

Use a chainsaw Lift Weights Play musical instruments Do construction work