Wrist Pain Intake Form

**Patient Name:** __________________________  **DOB:** __/__/____
**Height:** ___'___"  **Weight:** ____ lbs  **BP:** __/__/____  **P:** ____  **Temp:** ____

What is your hand dominance?

- [ ] ambidextrous
- [ ] left hand dominant
- [ ] no dominance
- [ ] right hand dominant
- [ ] other

How did your symptoms occur?

- [ ] a gradual and insidious onset
- [ ] activities of daily living
- [ ] being involved in a motor vehicle accident
- [ ] driving
- [ ] falling onto an outstretched hand
- [ ] injury at work
- [ ] playing a sport
- [ ] playing piano
- [ ] prolonged computer use
- [ ] repetitive motion at work
- [ ] sustaining a wrist fracture
- [ ] trauma
- [ ] typing
- [ ] other

Describe your pain? (Check all that apply)

- [ ] aching
- [ ] acute
- [ ] acute on chronic
- [ ] burning
- [ ] catching
- [ ] chronic
- [ ] clicking
- [ ] constant
- [ ] cramp-like
- [ ] diminishing
- [ ] dull
- [ ] electric
- [ ] giving way
- [ ] gradual
- [ ] grinding
- [ ] improving
- [ ] intermittent
- [ ] night pain
- [ ] morning pain
- [ ] pins and needles
- [ ] popping
- [ ] pressure
- [ ] progressive
- [ ] radiating
- [ ] sharp
- [ ] stabbing
- [ ] staying the same
- [ ] swelling
- [ ] tender to touch
- [ ] throbbing
- [ ] worsening
- [ ] other ________
### Boca Raton Walk-In-Orthopedics

#### What symptoms do you have with the pain? (Check all that apply)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>elbow pain</td>
<td>hand weakness</td>
<td>worse with finger movement</td>
</tr>
<tr>
<td>finger numbness</td>
<td>limited ROM at wrist</td>
<td>worse with wrist movement</td>
</tr>
<tr>
<td>finger tingling</td>
<td>shoulder pain</td>
<td>other</td>
</tr>
<tr>
<td>hand swelling</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Describe the timing of your pain? (Check all that apply)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>began today</td>
<td>occurs intermittently</td>
<td>occurs randomly</td>
</tr>
<tr>
<td>constantly occurs</td>
<td>occurs with activity</td>
<td></td>
</tr>
<tr>
<td>occurs at night</td>
<td>other</td>
<td></td>
</tr>
<tr>
<td>occurs episodically</td>
<td></td>
<td></td>
</tr>
<tr>
<td>occurs in the morning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### What aggravates or alleviates your pain?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>improves with pain medication</td>
<td>worsens with exercise</td>
<td></td>
</tr>
<tr>
<td>improves with physical therapy</td>
<td>worsens with extension</td>
<td></td>
</tr>
<tr>
<td>improves with rest</td>
<td>worsens with lifting</td>
<td></td>
</tr>
<tr>
<td>improves with stretching</td>
<td>worsens with movement</td>
<td></td>
</tr>
<tr>
<td>worsens with bending</td>
<td>other</td>
<td></td>
</tr>
</tbody>
</table>

#### How severe is the pain? Select: No Pain 0 1 2 3 4 5 6 7 8 9 10 Severe Pain

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>currently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>initially</td>
<td></td>
<td></td>
</tr>
<tr>
<td>on a bad day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>on a good day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>on an average day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How long have you had the injury? How many Years, Months, Weeks, or Days?

- ☐ How many Years? _____
- ☐ How many Months? _____
- ☐ How many Weeks? _____
- ☐ How many Days? _____

Have you recently had any of the following? (Check all that apply)

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Medical Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>contralateral wrist pain</td>
<td>pseudogout (CPPD)</td>
</tr>
<tr>
<td>left handedness</td>
<td>rheumatoid arthritis</td>
</tr>
<tr>
<td>osteoarthritis</td>
<td>right handedness</td>
</tr>
<tr>
<td>osteoporosis</td>
<td>other</td>
</tr>
<tr>
<td>previous fracture</td>
<td></td>
</tr>
</tbody>
</table>

What are you currently using to treat the pain? (Check all that apply)

<table>
<thead>
<tr>
<th>Treatment Method</th>
<th>Treatment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ *no treatment</td>
<td>☐ injection of anesthetic</td>
</tr>
<tr>
<td>aspiration</td>
<td>☐ injection of steroid</td>
</tr>
<tr>
<td>brace</td>
<td>☐ injection of viscosupplementation</td>
</tr>
<tr>
<td>cast</td>
<td>☐ muscle relaxants</td>
</tr>
<tr>
<td>chondroitin</td>
<td>☐ narcotics</td>
</tr>
<tr>
<td>glucosamine</td>
<td>☐ naturopathic medication</td>
</tr>
<tr>
<td></td>
<td>☐ NSAIDs</td>
</tr>
<tr>
<td></td>
<td>☐ Nucynta</td>
</tr>
<tr>
<td></td>
<td>☐ physical therapy</td>
</tr>
<tr>
<td></td>
<td>☐ splint</td>
</tr>
<tr>
<td></td>
<td>☐ topical ketorolac</td>
</tr>
<tr>
<td></td>
<td>☐ Tylenol</td>
</tr>
<tr>
<td></td>
<td>☐ Ultram</td>
</tr>
<tr>
<td></td>
<td>☐ other</td>
</tr>
</tbody>
</table>

What procedures have you had to treat the wrist pain? (Check all that apply)

- ☐ arthroscopic carpal tunnel decompression
- ☐ no procedures
- ☐ open carpal tunnel decompression
- ☐ ORIF distal radius
- ☐ other
What diagnostic imaging studies have you had for this problem?

- Bone Scan
- CT scan
- EMG/Nerve Conduction Study
- MRI
- no imaging studies
- plain radiographs
- other

How has this problem limited you?

- *no limitations
- attending school on a limited basis
- difficulty with ADL's
- difficulty with recreational sports participation
- functional limitations
- inability go to school
- inability to perform ADL's
- inability to work
- requiring constant assistance
- requiring occasional assistance
- working light duty
- working on a limited basis
- other

Who have you seen for this problem? (Check all that apply)

- another orthopaedic doctor
- chiropractor
- Emergency Room
- internist
- neurosurgeon
- primary care doctor
- therapist
- trainer
- urgent care center
- walk-in clinic
- other

Patient Signature ____________________________

Date of Service ____________________________