JUPITER HAND TO SHOULDER

PATIENT INTAKE FORM

Today's Date:

Patient Name:	Age:	DOB:
PCP:	Referred to Dr. Diaz by:	

☐ Right handed ☐ Left handed ☐ Ambidextrous

Occupation (If retired, please indicate so and list prior occupation):

Please list your recreational interests (sports, instruments played, hobbies, etc):

Reason for today's visit:

Date of onset: | Was there a specific injury? ☐Yes ☐No

Are your current symptoms work-related? ☐Yes ☐No ☐Somewhat

Are you able to keep performing your job? ☐Yes ☐No ☐Somewhat

If not, are you able to perform modified duty? ☐Yes ☐No

If not, when was the last time you worked?

Are your current symptoms the result of an accident? ☐Yes ☐No

Road traffic accident? ☐Yes ☐No Boating accident? ☐Yes ☐No

Is there litigation pending related to this injury? ☐Yes ☐No ☐Maybe

If yes, please explain. Use back of this form if necessary.

Please describe your symptoms by checking all that apply:

☐Sharp or stabbing ☐Dull or aching ☐Radiating ☐Throbbing
☐Constant ☐Intermittent ☐Activity-related ☐Pain at rest
☐Numbness ☐Weakness ☐Stiffness ☐Feeling of giving way

Do your symptoms wake you up at night? ☐Often ☐Sometimes ☐Never

Please describe how you are limited by your symptoms.

List anything that alleviates or lessens your symptoms (e.g. certain positions, splinting, medication, rest).

List anything that aggravates your symptoms.

If you are having shoulder symptoms, please check all that apply:

☐Pain with overhead motion
☐Pain with heavy lifting or repetitive activity
☐Pain while sleeping on your affected side
☐Loss of strength
☐Associated neck pain
☐Stiffness or loss of motion
☐Pain with reaching around your back
☐Pain while bringing your arm across your body
☐Feelings of instability or giving way
☐Popping, locking, catching, or grinding
☐Pain, numbness, or tingling that radiate past elbow
☐Other

If you are having hand, wrist, or elbow symptoms, please check all that apply:

☐Loss of feeling in fingers: ☐thumb ☐index ☐middle ☐ring ☐little
☐Loss of dexterity or fine motor skills (e.g. buttoning shirt, putting on earrings, handwriting, handling small objects)
☐Stiffness or loss of motion ☐Deformity ☐Swelling
☐Locking, catching, or snapping ☐Pain with heavy or repetitive activity ☐Pain with grip
☐Loss of grip strength ☐Discoloration of fingers ☐Cold intolerance