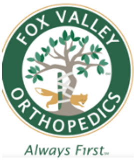

Shobhit Minhas, M.D.
Orthopedic Surgeon
Hand & Upper Extremity

Hand & Upper Extremity Questionnaire

Name: ____ **Date of Birth:**___/___/___

Age: _____ **Sex:** ________ **Handedness:**_________ **Occupation:**_______________

Who referred you here today? ____

Who is your primary care physician? ____

What brings you in today?____

____

Where is the issue? (check all that apply and mark on diagram(s) below)

__ Right _ Left

What are your symptoms? (check all that apply)

__ Numbness/Tingling __Pain/Throbbing __Swelling __Stiffness __Weakness

When did it start? ____

What makes it better? ____

Was there an injury, and if so, how did it happen? ______________________________________

____

What have you tried for symptoms? (check all that apply)

__ Over the counter medications (ibuprofen, Tylenol, etc.) __ Brace

__ Physical/Occupational Therapy __ Rest/Ice/Heat

__ Other (please describe): ____

What tests have you had done? (check all that apply)

__ X-rays __ MRI __ CT scan __EMG/nerve studies

__Other (please describe):____