

**CARPAL TUNNEL**

REFERRED BY: Doctor:  Former Patient:  Phone Book:  Internet:  Ins. Co:

Referring Doctors Name/address & Phone # \_\_\_\_\_

Family Doctors name/address & Phone #: \_\_\_\_\_

Other Doctors name/address & Phone #: \_\_\_\_\_

Present Illness: **PLEASE CIRCLE ALL THAT APPLY**

Carpal tunnel: Y N pain is: mild/moderate/severe/excruciating/dull/sharp/constant

Any radiation of pain?: Y N into: fingers/ hand/ forearm/ elbow/ upper arm/ shoulder/  
Chest/ scapula/ neck **(left, right, bil)**

Is radiation: mild/moderate/severe/excruciating/dull/sharp/constant

Any? Aching/ burning/ tingling/ numbness/ stiffness/ weakness

If yes location : fingers/ hand/ forearm/ elbow/ upper arm/ shoulder/  
Chest/ scapula/ neck **(left,right,bilateral)**

Date of onset: \_\_\_\_\_ Injury related: yes no How \_\_\_\_\_

Symptoms began with: lifting/ work accident/ auto accident/ other liability/ spontaneous/ awoke with  
symptoms/ gradual onset/ other: \_\_\_\_\_

Symptoms **aggravated** by: lying/ sitting/ standing/ bending/ climbing/ working/ driving/ walking/  
sex/ sleeping/ resting/ urination/ bowel movements/ typing/ repetitive motion

Symptoms **improved** by: lying/ sitting/ standing/ bending/ climbing/ working/ driving/ walking/  
sex/ sleeping/ resting/ urination/ bowel movements/ typing/ repetitive motion

Any other associated symptoms?: chest pain/ headache/ bowel or bladder disturbance/writers cramp

Any other symptoms? No Yes: nausea/ constipation/ urinary urgency/ other \_\_\_\_\_

Treatments tried: none/ anti-inflammatory/ narcotics/ muscle relaxants/ antidepressants/ physical therapy  
Epidural steroid injections/ pain injections/ chiropractor/ massage therapy/  
Acupuncture/ surgery/ splints/ vitamins/ steroid injections into wrist

Are activities restricted? No Yes: limited working/ not working/ limited housework/ no housework  
limited sports activity/ no sports activity/yard work/ shopping/ no  
exercising/ limited exercising

Any prior history of above complaints? No Yes: -if yes- How long \_\_\_\_\_  
Explain prior complaints: \_\_\_\_\_

Tests performed: none/ spine x-ray/ EMG/ nerve conduction studies/ CT scan/ MRI/ myelogram and  
CT scan/ PET scan/ bone scan/ other