

MEDSTAR NEUROSURGICAL ASSOCIATES

Patient Information

PERIPHERAL NERVE

PLEASE CIRCLE & DESCRIBE ALL THAT APPLY

Right Arm or Hand Pain Numbness Tingling mild/moderate/severe/excruciating/dull/sharp  
Occasional/frequent/constant

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Describe \_\_\_\_\_  
\_\_\_\_\_

**Neck pain:** Y N pain is: mild/moderate/severe/excruciating/dull/sharp/constant

Any radiation of pain? Yes No Left Right Both Sides Is one side worse? \_\_\_\_\_

Is radiation: mild/moderate/severe/excruciating/dull/sharp/intermittent/constant  
shoulder/ shoulder blade/upper chest/ upper arm/ elbow/ forearm/ hand/fingers (thumb/ index/ middle/ ring/ little)

Any: Aching/burning/tingling/numbness If yes side/location: \_\_\_\_\_

Any: Weakness/loss of use If yes side/location: \_\_\_\_\_

Date of onset/duration: \_\_\_\_\_ Initial injury?: yes no

physical activity lifting work accident auto accident assault trip & fall spontaneous gradual onset

Describe any Injury: \_\_\_\_\_

Any previous episodes of above complaints? No Yes If Yes, When: \_\_\_\_\_

Please describe prior symptoms: \_\_\_\_\_

Symptoms aggravated by: \_\_\_\_\_

Symptoms improved by: \_\_\_\_\_

Any changes in bladder or bowel functions? New Incontinence? \_\_\_\_\_

Any other associated symptoms/depression/sleeping problem? \_\_\_\_\_

Treatments tried: none/ NSAID/oral steroids/narcotics/ muscle relaxants/antidepressants/gabapentin-lyrica/  
physical therapy/chiropractic/massage/acupuncture/spinal injections/rhizotomy

Are activities restricted? Work/housework/exercise/sports/yard work/ shopping/driving/walking

Please describe \_\_\_\_\_

Physical Therapy within past 12 months or before: \_\_\_\_\_

Pain Management at any time: \_\_\_\_\_

Tests performed: none/ spine x-rays/MRI/CT scan/myelogram /EMG/ nerve conduction studies/other