

# MINNEAPOLIS ORTHOPAEDICS

Advanced skills and experience for the results you deserve

## PATIENT INFORMATION SHEET Elbow/Forearm/Wrist/Hand/Finger/Thumb Right or Left

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please give a brief description of your symptoms/problems. (When and how does it hurt)**

\_\_\_\_\_

**When did this start?**

(approximate date or number of days, weeks, months, years)

\_\_\_\_\_

**How did this happen? Were you injured?**

\_\_\_\_\_

\_\_\_\_\_

**Where is your problem? (Circle one or more)**

Elbow/Forearm/Wrist/Hand

Finger 2 (index), 3(middle), 4(ring), 5 (little), Thumb + 1<sup>st</sup> digit (see diagram)

**Is there?** (circle words that apply and describe)

Pain/swelling/discoloring/open wound/weakness/tingling/numbness

**Draw in area of problem on diagram.**

Back of hand or front (palm) side (circle which side picture/diagram represents).

**Have you had any surgery in this area?**

If so, when? \_\_\_\_\_

If you know – describe surgery \_\_\_\_\_

**Have you had any of the following exams done previously in this area?**

X-ray Where? \_\_\_\_\_ When? \_\_\_\_\_

Arthrogram Where? \_\_\_\_\_ When? \_\_\_\_\_

Computed Tomography (CT) Where? \_\_\_\_\_ When? \_\_\_\_\_

Magnetic Resonance Imaging (MRI) Where? \_\_\_\_\_ When? \_\_\_\_\_



Elbow

Back of Hand



Elbow

Front (palm) Side