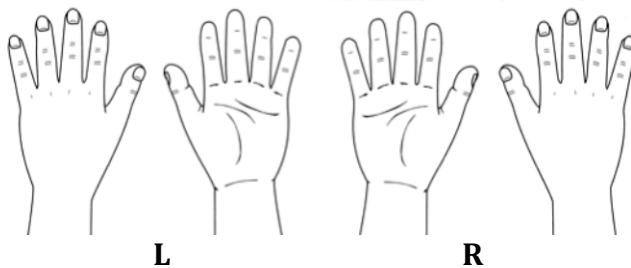


New Patient Questionnaire
Paul S. Shapiro, M.D.

- Name:
- Age:
- Are you: Right Handed
 Left Handed
- What is your occupation?
- What brings you here to see the doctor today?
- When did your problem(s) begin?
- What caused this (these) problem(s)?
- Do you have numbness in your hands? If so, please indicate where on the pictures:



- Have you had a cortisone injection for this problem? When?
- Have you had physical / Occupational Therapy? When?
 For how long?
- Have you had an MRI for this problem? What was the result?
- Have you had an EMG or a "Nerve Test"? What was the result?
- Do you have any medical problems?
- What medications do you take?
- Do you have any allergies to medicine? Which ones?