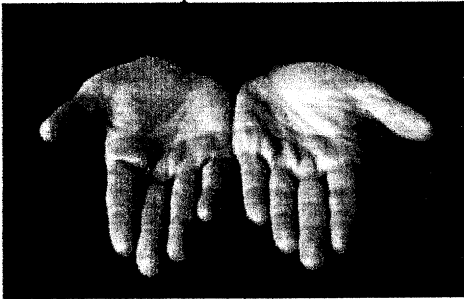


1. Name:
2. Age:
3. Are you right handed or
left handed
4. What is your occupation?
5. What brings you here to see the doctor today?
6. When did your problem(s) begin?
7. What caused this (these) problem(s)?
8. Do you have numbness in your hands? If so, please indicate
where on the pictures:



9. Have you had a cortisone injection before? When?
10. Have you had physical / occupational therapy? When? For how long?
11. Have you had an MRI? If so, what was the result?
12. Have you ever had an EMG or Nerve Conduction Test? If so,
what was the result?
13. Do you have any medical problems?
14. What medications do you take?
15. Do you have any allergies to medicine? Which ones?

FOR OFFICE USE:

Diagnosis:

Treatments: