

PAIN SHEET

STRESS FRACTURE EVALUATION

LAST NAME	FIRST	MIDDLE INIT.	AGE	TODAY'S DATE

1. What was your chief complaint when you visited your doctor? _____

2. What do you think caused the problem? _____

3. What does your doctor think is causing your wrist problem? _____

4. If you have any pain, please describe it: _____

 - a. Does anything make it worse? _____
 - b. Does anything make it better? _____
5. Do you have a mass or lump you can feel? _____ If so, please indicate its location on the picture below.
6. Have you a biopsy or surgery? _____ When? _____
Do you know the results of the biopsy? _____
7. Do you have any other medical conditions? _____

8. Describe your general health:

