

PAIN SHEET

WRIST EVALUATION

LAST NAME	FIRST	MIDDLE INIT.	AGE	TODAY'S DATE

THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY.

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. Describe your pain: _____

 - a. Does anything make it worse? _____
 - b. Does anything make it better? _____
5. Do you have any weakness? _____ Where? _____

6. Have you had surgery to the area being scanned today? _____
When? _____
What was done? _____
7. Have you ever broken any bones in your wrist? _____
8. Do you have arthritis in any of your joints? _____
9. Do you have any other medical conditions? _____

10. Describe your general health: _____

