

Hand Pain Form



Name: _____

Date: _____

Age: _____ Date of Injury: _____

Referred by: _____

Occupation: _____

My dominant hand? Right Left

Does your wrist hurt? Yes No Yes No

Does your hand hurt? Yes No Yes No

Does your finger hurt? Yes No Yes No

When did the problem start?

Did you have an injury? Yes No Yes No

If yes, what injury did you have?

How Frequent is your pain?

- *Occasional*
- *Intermittent*
- *Frequent*
- *Constant*

What does the pain feel like?

- *Sharp*
- *Dull*
- *Aching*
- *Stabbing*
- *Electrical*

How Severe are your symptoms?

- *Mild*
- *Slight*
- *Moderate*
- *Severe*

What makes it worse? Movement Keeping Still

Where does the pain radiate?

- **Neck**
- **Shoulder**
- **Elbow**
- **Hands**
- **Fingers**

How bad is the Pain

None

None

0 1 2 3 4 5 6 7 8 9 10

0 1 2 3 4 5 6 7 8 9 10

Worst Possible

Worst Possible

Did you hurt yourself at work? Yes No

Yes No

Are you involved in litigation? Yes No

Yes No

When you first experienced the pain: _____

Over the past 2 weeks: _____

Now: _____

What activities make your pain worse?

What activities make your pain better?

What medications have you tried for this problem?

Have you had physical or hand therapy?

- **Yes**
- **No**

If yes, when? _____

Did the therapy help you?

Have you had previous procedures for your problem?

