



145 TOWNE LAKE PKWY STE 101 WOODSTOCK,GA-PHONE (404) 822-4402-FAX(888)-214-4416

Name:	Age:	Today's Date:
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Are you right-handed, left handed, or both? Right Left Both

Problem Hand: Right Left Both

Describe current hand/arm problem

What tests have you had done related to this problem?

	Date: _____	Facility/ By Whom
<input type="radio"/> EMG/ Nerve Conduction Study	_____	_____
<input type="radio"/> X-Rays	_____	_____
<input type="radio"/> MRI	_____	_____
<input type="radio"/> Bone Scan	_____	_____
<input type="radio"/> CAT Scan	_____	_____
<input type="radio"/> Tomogram	_____	_____
<input type="radio"/> Other	_____	_____

Describe and previous hand/arm/shoulder injury or surgery:

NONE	LEFT	RIGHT	BOTH

Are you a student? Yes No Grade: _____

Are you currently working? Yes No

Are you retired? Yes No

Where do you work? _____

Job Title: _____

How long in current position? _____

Is this a work-related injury? Yes No Don't Know

Date of Injury: _____

Is there a lawyer involved in this case? Yes No