Jonathan Mulford
ORTHOPAEDIC SURGEON

WRIST OR HAND PROBLEM

Name Age [Date / /]

General Details Right Handed Left Handed Ambidextrous (both)
Occupation?
Clerical Light Manual Heavy Manual Professional Unemployed Retired
Sports?
Hobbies?

Injury Assessment (if applicable)

What was the date of your injury? / / .
Where did it occur? Home Work MVA MBA Bicycle Playing Sport - *Which sport?*
How did it occur? Unknown Fall on Hand Cut Crush Overuse/Repetitive Other

Current Problem

What are the problems now? *(Circle all that are relevant)*
Pain Swelling or lump Stiffness Deformity (e.g. bent finger) Clicking Catching Weakness Numbness Tingling Waking from sleep Sprain Fracture
Abnormal sweating of hand Colour change Other _____.

What previous treatment have you had?

None Rest Painkillers Anti-inflammatory Injections Splint Plaster Physio Surgery
Other

Pain Assessment (if applicable)

How bad on a scale of 0-10 is your pain (10 = most severe pain imaginable)?

0 1 2 3 4 5 6 7 8 9 10

Does anything make your pain better? _____.

Functional Assessment

What tasks are you unable to perform due to your wrist/hand problem?

Work duties Driving Housework Shopping Carrying Lifting Bending Opening Jars
Other

Examination

Investigations

XR

CT

MRI

US

Impression

Plan