

## **OCCUPATIONAL HAND THERAPY**

## Patient Registration/Information

Patient Name:		Dx:		Physician: ☐ Dr. Gargasz ☐ Dr. Miller		
Date of Inju	ry:			_		
How Did You	ur Injury Occui	red?:				
Surgery Date						
Current Wo	rk Status: 🗖 Lig	tht Duty	Full Duty Not Working	ng 🗆 Retired		
☐ One Hand	ded Duty 🔲Ot	her (specify):				
Medical Hist	tory(Please Ch	eck All That Apply): 🔲 No h	nealth or medical Issue	s		
■ Anxiety	□ Depression	† <b>□</b> Kidney Prob	olems			
<b>□</b> Asthma						
☐Bipolar ☐Heart Problems ☐Peripheral Vascular Disease						
□Cancer □High Blood Pressure ↑ □Rheumatoid Arthritis						
•	<del>-</del>					
COPD	Osteoarthri	tis †□Thyroid Pro	blems			
COPD	Osteoarthri		blems	□right □left □both		
COPD Prior Hand Inju	†□Osteoarthrii ury: □Yes □No	tis †□Thyroid Pro	blems	□right □left □both		
COPD Prior Hand Inju	i□Osteoarthrii ury: □Yes □No i 	tis †□Thyroid Pro □If yes, type of injury	blems	□right □left □both  □□ Elbow		
□COPD Prior Hand Inju Past Surgica □Adenoidect	i□Osteoarthrii ury: □Yes □No I History (Pleas omy	tis †□Thyroid Pro □If yes, type of injury se Check All That Apply): □N	o Surgeries			
□COPD Prior Hand Inju Past Surgica □Adenoidect □Angioplasty	i□Osteoarthrii ury: □Yes □No I History (Pleas omy	tis † Thyroid Pro  If yes, type of injury  se Check All That Apply): IN  Hysterectomy  Neck Surgery	o Surgeries  Breast Biopsy	☑□ Elbow		
Prior Hand Inju Past Surgica Adenoidect Angioplasty Appendecto	i□Osteoarthrii ury: □Yes □No  I History (Pleasomy  omy	tis † Thyroid Pro  If yes, type of injury  se Check All That Apply): IN  Hysterectomy  Neck Surgery	o Surgeries  □Breast Biopsy  †□Right	☑□ Elbow □Right		
Prior Hand Inju Past Surgica Adenoidect Angioplasty Appendecto	i□Osteoarthrii ury: □Yes □No II History (Pleasomy I my I my I my I my	tis † Thyroid Pro If yes, type of injury  See Check All That Apply): IN  Hysterectomy  Neck Surgery  Oral Surgery	o Surgeries  □Breast Biopsy  †□Right  □Left  □Both	☑□ Elbow □Right □Left □Both		
Past Surgica Adenoidect Appendecto Back Surger	i□Osteoarthrii ury: □Yes □No  Il History (Pleasomy  omy  omy  y  urgery □	tis † Thyroid Pro If yes, type of injury  See Check All That Apply): IN  Hysterectomy  Neck Surgery  Oral Surgery  Prostate Surgery	o Surgeries  □Breast Biopsy  †□Right  □Left  □Both	☑□ Elbow □Right □Left □Both		
□COPD Prior Hand Inju Past Surgica □Adenoidect □Angioplasty □Appendecto □Back Surger □Cosmetic Su	i□Osteoarthrii ury: □Yes □No  Il History (Pleasomy  omy  omy  y  urgery □	tis † Thyroid Pro If yes, type of injury  See Check All That Apply): IN  Hysterectomy  Neck Surgery  Oral Surgery  Prostate Surgery  Reconstructive Surgery	o Surgeries  Breast Biopsy  Right  Left  Both  Carpal Tunnel	☐ Elbow  □Right □Left □Both ☐ Knee		
Prior Hand Inju Past Surgica Adenoidect Angioplasty Appendecto Back Surger Cosmetic Su C-Section /	i□Osteoarthrii ury: □Yes □No  I History (Pleasomy  omy  y  urgery  Cesarean	tis † Thyroid Pro If yes, type of injury  See Check All That Apply): IN  Hysterectomy  Neck Surgery  Oral Surgery  Prostate Surgery  Reconstructive Surgery  Stent Placement	o Surgeries  Breast Biopsy  Right  Left  Both  Carpal Tunnel	☐ Elbow  □Right □Left □Both ☐ Knee □Right		
Prior Hand Inju Past Surgica Adenoidect Angioplasty Appendecto Back Surger Cosmetic Su C-Section / Endoscopy	i□Osteoarthrii ury: □Yes □No II History (Pleas omy omy ry urgery □ Cesarean	tis   Thyroid Pro	o Surgeries  Breast Biopsy  Right  Left  Both  Carpal Tunnel  Right  Left	☐ Elbow  ☐Right ☐Left ☐Both ☐ Knee ☐Right ☐Left		
Prior Hand Inju Past Surgica Adenoidect Angioplasty Appendecto Back Surger Cosmetic Su C-Section / Endoscopy Eye Surgery	i Osteoarthrii ury: □Yes □No  I History (Pleasomy  Omy  Omy  Cy  Urgery □  Cesarean  Removal	tis † Thyroid Pro	o Surgeries  Breast Biopsy  Right  Left  Both  Carpal Tunnel  Right  Left  Both	☐ Elbow  ☐Right ☐Left ☐Both ☐ Knee ☐Right ☐Left ☐Both		
□COPD Prior Hand Inju Past Surgica □Adenoidect □Angioplasty	i□Osteoarthrii ury: □Yes □No II History (Pleas omy omy ry urgery □ Cesarean r □ r Removal	tis   Thyroid Pro	o Surgeries  Breast Biopsy  Right  Both  Carpal Tunnel Right  Both  Cubital Tunnel	☐ Elbow  ☐ Right ☐ Left ☐ Both ☐ Knee ☐ Right ☐ Left ☐ Both ☐ Shoulder		
Prior Hand Inju Past Surgica Adenoidect Angioplasty Appendecto Back Surger Cosmetic Su C-Section / Endoscopy Eye Surgery Gall Bladde	i□Osteoarthrii ury: □Yes □No  I History (Pleasomy  Omy  Omy  Cesarean  Removal  ass  ery □	tis   Thyroid Pro	o Surgeries  Breast Biopsy Right Left Both Carpal Tunnel Right Left Both Cubital Tunnel Right	☐ Elbow  ☐Right ☐Left ☐Both ☐ Knee ☐Right ☐Left ☐Both ☐Left ☐Both ☐Shoulder ☐Right		
Past Surgica Adenoidect Angioplasty Back Surger Cosmetic Su C-Section / Endoscopy Eye Surgery Gall Bladder Gastric Bypa	i□Osteoarthrii ury: □Yes □No II History (Pleas omy omy ry urgery ② Cesarean r Removal ass ery ②	tis	o Surgeries  Breast Biopsy  Right  Both  Carpal Tunnel Right  Both  Cubital Tunnel  Right  Left	☐ Elbow  ☐Right ☐Left ☐Both ☐ Knee ☐Right ☐Left ☐Both ☐ Shoulder ☐Right ☐Left ☐ Shoulder ☐Right ☐Left		

Name:	Date:					
Please rate your ability to do the following activiti response:	es in the last v	week by circli	ng the number	below the ap	propriate	
	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE	
1. Open a tight or new jar.	1	2	3	4	5	
2. Do heavy household chores (e.g. wash walls, floors)	1	2	3	4	5	
3. Carry a shopping bag or briefcase	1	2	3	4	5	
4. Wash your back	1	2	3	4	5	
5. Use a knife to cut food.	1	2	3	4	5	
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g. golf, hammering, tennis, etc)	1	2	3	4	5	
	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY	
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbors or groups?	1	2	3	4	5	
	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE	
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5	
Please rate the severity of the following symptoms in the last week. (circle number)	NONE	MILD	MODERATE	SEVERE	EXTREME	
9. Arm, shoulder or hand pain	1	2	3	4	5	
10. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5	
	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP	

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11. During the past week, how much difficulty

arm, shoulder or hand? (circle number)

have you had sleeping because of the pain in your



## **Notice of Privacy Practices**

I,	have had the opportunity to read and review the Notice
•	and Plastic Surgery Center. All of my questions ected health information have been answered to my
Patient Signature:	
If patient is a minor, Parent or Guardian	Signature:
Date:	
I AUTHORIZE THE RELEASE OF N HEALTH TO THE FOLLOWING:	MEDICAL INFORMATION PERTAINING TO MY
List Person or Persons:	
1	
2	
3	
4	
Patient Signature:	