## History of Present Illness

### What level of amputation have you received? (Select all that apply)
- foot  
- below knee  
- above knee  
- hand  
- below elbow  
- above elbow

Additional Comments:

On what date did this occur?

Which side was affected?
- left  
- right  
- both

What was the cause of your amputation? (Select all that apply)
- vascular disease  
- diabetes (non-healing wound)  
- trauma  
- cancer

### Do you have pain?
- Yes  
- No

Which side? (Select all that apply)
- left  
- right

Where is this pain located? (Select all that apply)
- residual limb  
- intact limb  
- phantom limb

What makes this pain worse? (Select all that apply)
- activity  
- lifting  
- lying on back  
- lying on stomach  
- pressure on limb  
- pulling  
- pushing  
- reaching  
- sitting  
- standing  
- transfers  
- walking

What makes this pain better? (Select all that apply)
- nothing  
- rest  
- ice  
- immobilization  
- bracing  
- splinting  
- elevation  
- pain medication  
- heat

How would you describe this pain? (Select all that apply)
- dull  
- sharp  
- aching  
- throbbing  
- shooting  
- constant  
- intermittent

### Do you have symptoms of phantom sensation?
- Yes  
- No

What sensations do you feel? (Select all that apply)
- numbness  
- tingling  
- itching  
- cramping

What hand is dominant? (Select one)
- right handed  
- left handed  
- ambidextrous (both)

Have you had any diagnostic tests done? (Select all that apply)
- Yes  
- No  
- ultrasound  
- doppler

### Do you currently have numbness and tingling?
- Yes  
- No

If yes, where? (Select all that apply)
- right upper extremity  
- left upper extremity  
- right lower extremity  
- left lower extremity

Additional Comments: