

## HPI UPPER EXTREMITY

### History of Present Illness

Why are you here today? (Select one)  an injury at work  an injury during sports  an injury during a MVA  
 pain  a surgery  weakness  
 a fall

Additional Comments:

On what date did this occur?

Do you have pain?

Which side? (Select all that apply)  left  right

Where is this pain located? (Select all that apply)  shoulder  upper arm  elbow  
 forearm  wrist  hand  
 finger

What makes this pain worse? (Select all that apply)  reaching  lifting  sleeping  
 gripping  sit to stand  dressing/grooming  
 pushing/pulling

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

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

Do you have other symptoms?

What are the symptoms? (Select all that apply)  swelling  instability  radiation  catching  
 locking  grinding  stiffness  popping  
 night pain  bruising  discoloration

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

Have you had any diagnostic tests done? (Select all that apply)

Xray  CT  
 MRI

Do you currently have numbness and tingling?

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

Additional Comments:

## Home Environment

How would you rate your health?  excellent  good  fair  poor

Do you exercise regularly?  does  does not

How many falls have you had in the past 6 months?  0  1 to 2  >3

What is your employment status?  employed  unemployed  retired

If yes, what do you do for a living?

Do you live alone?  alone  with someone

Do you require assistance at home?  Yes  No

Do you have stairs at home?  Yes  No

If yes, how many?  1-8  9-15  >15

Where is the railing as you go up the stairs? (Select all that apply)  left  right

## Goals/Followup

What are your goals for therapy?

When are you scheduled to return to the doctor for follow-up?  as needed  within 1 month  after completion of therapy

Additional Comments: