HMC HAND/FOOT AND ANKLE INSTITUTE QUESTIONNAIRE

HISTORY OF PRESENT ILLNESS

1. What are we seeing you for today?  
2. What is the goal of your visit?  
3. Where is the problem located?  
4. When and how did this injury begin?  
5. What treatments have you had for this condition? □ Physical Therapy □ Bracing/Orthotics □ Injections □ Surgery (where and surgeon name):  
6. Any swelling, change in size, shape, numbness, catching or weakness?  

7. What studies have you had for this problem? □ X-rays □ CT □ MRI □ Nerve Study (EMG) □ Arthrogram □ Bone Scan

PAST SURGICAL HISTORY (list all)

PAIN

8. Where is the pain on your body?  
9. Describe your pain (Sharp, dull, etc.):  
10. What makes your pain or problem better?  
11. What makes your pain or problem worse?  
12. What makes your pain or problem change? Is it associated with anything else?  

13. What provider is managing your pain?

ACTIVITY HISTORY

14. Are you currently working: □ No □ Yes, Occupation:  
15. Is this a work related injury? □ No □ Yes, LWCP:  
16. If disabled, what is the date that you last worked?

PROVIDER SIGNATURE  PRINT NAME  PAGER  NPI  DATE  TIME

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians  Seattle, Washington
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