

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

**PAST SURGICAL HISTORY (list all)** \_\_\_\_\_

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## PAIN

8. Do you have pain that has been present for 3 months or longer? No Yes
9. Do you use a pain pump or stimulator?  No Yes
10. Rate your pain on average in the last week on a scale of 0 (no pain) – 10 (worst possible pain) \_\_\_\_\_
11. Circle the number that describes how, during the past week, pain has interfered with your
  - a. General activity (0 not at all)    1   2   3   4   5   6   7   8   9   10 (extremely)
  - b. Enjoyment of life (0 not at all)    1   2   3   4   5   6   7   8   9   10 (extremely)
12. Where is the pain on your body? \_\_\_\_\_
13. Describe your pain (Sharp, dull, etc.): \_\_\_\_\_
14. What makes your pain or problem better? \_\_\_\_\_
15. What makes your pain or problem worse? \_\_\_\_\_

PLACE PATIENT LABEL HERE

### UW Medicine

Harborview Medical Center – University of Washington Medical Center  
UW Neighborhood Clinics – Valley Medical Center  
University of Washington Physicians    Seattle, Washington

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16. What makes your pain or problem change? Is it associated with anything else? \_\_\_\_\_

17. What provider is managing your pain? \_\_\_\_\_

**ACTIVITY HISTORY**

18. Are you currently working:  No  Yes, Occupation: \_\_\_\_\_

19. Is this a work related injury?  No  Yes, LWCP: \_\_\_\_\_

20. If disabled, what is the date that you last worked? \_\_\_\_\_

SIGNATURE	PRINT NAME	PAGER	NPI	DATE	TIME
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Harborview Medical Center – University of Washington Medical Center  
UW Neighborhood Clinics – Valley Medical Center  
University of Washington Physicians Seattle, Washington  
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