Alaska Hand-Elbow-Shoulder
Alaska's Premier Upper Extremity Surgical Specialists
4015 Lake Otis Parkway, Suite 201 Anchorage, AK 99508 | (907)771-3500 | www.akhanddoc.com

Submit by Email

Print Form

UPPER EXTREMITY QUESTIONNAIRE

Name: _____ Chart # : _____ Date: _____

What upper extremity part are we seeing you for today? _____ ☐ Right ☐ Left ☐ Both

Date of Injury: _____ If no injury, when did your symptoms begin? _____

Is this injury: ☐ job/work related ☐ motor vehicle accident ☐ other accident

IF AN INJURY, PLEASE COMPLETE THE FOLLOWING

Have you seen another Physician for this injury? _____ When? _____ Physician's name: _____

Is this appointment for a second opinion? _____ Name of Physician you saw for 1st opinion: _____

List all medications you have taken related to this injury: _____

Have you had any therapy for this injury including home or physical? _____

Are you currently out of work or on limited duty due to this injury/problem? _____

Do we need to address work duty status or limitations today? _____

PLEASE WRITE A DESCRIPTION OF **HOW YOUR INJURY HAPPENED**

- AND/OR -

DESCRIBE YOUR SYMPTOMS AND YOUR REASON TO BE SEEN

*Patient or Guardian signature: _____ Date: _____

**By typing your name in this area you are stating the above information is true and correct to the best of your knowledge and this electronic form of signature will be treated the same as your original signature.*