Medico-Legal Evaluations, P.A.
Phone 732-972-4771 · Fax 732-972-0022 · info@mlenj.com

Upper Extremity (Arm) Questionnaire

Please fill out only the form(s) for the body area(s) that were injured. You can type into this form on a computer or phone, save it, and email it to info@mlenj.com before your appointment, or print it and bring it with you. Please also bring any X-ray, MRI or CT films or discs you have.

Full name | **Date of birth** | **Today's date**

Your injury

Which side was injured?

☐ Left ☐ Right

Which area was injured? (check all that apply)

☐ Shoulder ☐ Upper arm ☐ Elbow ☐ Forearm ☐ Wrist ☐ Hand ☐ Finger(s)

When did the injury happen?

How did the injury happen?

Are you right-handed or left-handed?

☐ Right-handed ☐ Left-handed

Did you have problems with this body part before the injury?

☐ Yes ☐ No

Treatment and work

Which treatments have you had for this injury? (check all that apply)

☐ Surgery ☐ Injections ☐ Physical therapy

Are you working now?

☐ Yes ☐ No

What is your job?

Pain

Do you have pain?

☐ Yes ☐ No

Do you take pain medication? If so, please list it:

Pain now (0 = no pain, 10 = worst pain imaginable)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

0 = No pain 10 = Worst pain

Pain at its worst (0 = no pain, 10 = worst pain imaginable)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Where is the pain? (check all that apply)

☐ Shoulder ☐ Arm ☐ Hand ☐ Fingers

What is the pain like? (check all that apply)

☐ Sharp ☐ Dull ☐ Burning ☐ Stabbing ☐ Aching ☐ Throbbing ☐ Stinging

Other:

How often do you have pain?

☐ Sometimes ☐ All the time ☐ Never

Do you have numbness, tingling or other unusual feelings in your arms or hands?

☐ Yes ☐ No

If yes, please explain:

Activities

Which activities are difficult for you now? (check all that apply)

At work

☐ Lifting ☐ Carrying objects ☐ Using a computer ☐ Using tools

At home

☐ Doing laundry ☐ Sweeping floors ☐ Vacuuming ☐ Reaching up high ☐ Scrubbing pots or pans
☐ Mowing the lawn ☐ Gardening ☐ Doing repairs

Leisure

☐ Riding a bicycle ☐ Playing sports ☐ Playing with children ☐ Picking up children
☐ Working out at a gym ☐ Lifting weights

Daily activities

☐ Driving ☐ Getting dressed ☐ Bathing ☐ Grocery shopping ☐ Writing ☐ Sleeping

Any other activities that are difficult for you: