

AFFECTED HAND AND ARM INFORMATION

Please answer questions 1 through 3 with the weaker forearm resting on the arm of a chair, with the wrist bent downward and the hand hanging loosely over the front edge of the armrest.

1. Can you bend your wrist back without lifting your forearm? Yes No *If yes, how much?* _____
2. Can you open your hand? Yes No *If yes, how much?* _____
3. Can you move your thumb away from the palm of your hand? Yes No

For questions 4 through 7, your arm does not need to be in any special position.

4. Can you straighten your elbow? Yes No *If yes, how much?* _____
5. Can you raise your arm at the shoulder? Yes No *If yes, how much?* _____
6. Can you pick up a tennis ball and release it? Yes No
7. Can you pick up a washcloth and release it? Yes No

MEDICATION INFORMATION

Please list all of your current medications and their intents.

MEDICATION

INTENT

HEALTH INFORMATION

Please mark if you have a history of any of the following conditions.

Heart Disease	Yes	No	Cancer	Yes	No
Hypertension	Yes	No	Depression	Yes	No
Pulmonary Disease	Yes	No	Diabetes	Yes	No
Thyroid Gland Disease	Yes	No	Head Injury or Surgery	Yes	No
Seizures	Yes	No	Expressive Aphasia	Yes	No
Allergies, Asthma	Yes	No	Receptive Aphasia	Yes	No
Anemia or Other Blood Problems	Yes	No	Other	Yes	No

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN. _____

PLEASE LIST THE NAME OF THE PHYSICIAN YOU ARE SEEING FOR YOUR CONDITION(S) OR YOUR PRIMARY CARE PHYSICIAN.
