Robert M. Cain, MD
5508 Parkcrest Drive, Suite 310
Austin, TX 78731

Name of Patient:_____ Today's date:_____

CHIEF COMPLAINT-NUMBNESS OF THE HANDS

	LEAVE THIIS SIDE BLANK FOR DOCTOR'S USE
1. Is the numbness or sensory disturbance in the hand equal in both hands? a. One hand OR Both hands?	
2. When is the numbness worse?	
3. Does numbness affect your sleep?	
4. Are you a diabetic? If yes: a. How long have you been a diabetic? b. What medication do you take for diabetes? c. Has your diabetes been under control?	
5. How much alcohol do you drink?	
6. Are your feet involved as well as your hands?	
7. Does the pain start in your neck and radiate from the neck down to the hands? a. Which hand?	
8. Are the symptoms of numbness in the hands only?	

Patient Name:_____

CHIEF COMPLAINT-NUMBNESS OF THE HANDS CONTINUED:

	LEAVE THIIS SIDE BLANK FOR DOCTOR'S

BE VERY THOROUGH, HONEST AND COMPLETE IN YOUR ANSWERS

	USE
9. What fingers are involved? a. Is it the first three fingertips, including the thumb, index, and middle finger? b. Is it primarily the pinkie and the ring finger?	
10. Do you have any trouble opening jars?	
11. Are you weak in your arms?	
12. Have you had any injury to your neck?	
13. Do you do any heavy hand work?	

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