PHYSICIAN CONSULT CHECKLIST

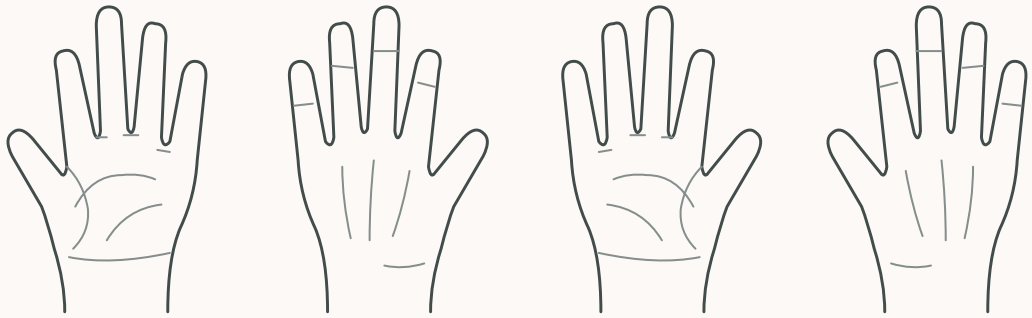
# Hand numbness or tingling

Name _____ Visit date _____

## Mark where you feel it

Side (left, right, or both) _____

Write a letter where you feel each symptom. Use more than one letter if needed.



Left palm | Left back | Right palm | Right back

**N** Numbness **P** Pins & Needles **B** Burning / Aching **S** Stabbing

## What I want my physician to know

Mark the fingers, palm, or back of the hand involved and when symptoms appear.

**I used to be able to… Now I struggle with…**

**It started… It feels better or worse when…**

**I've tried… It helped for…**

**The main thing I want to decide or do is…**

## What to bring or send

Bring relevant neck, elbow, wrist, or prior nerve test records.

- [ ] Prior images and written reports, if available
- [ ] Checked the scan date, body area and side
- [ ] Confirmed the office can open the image files
- [ ] Relevant visit and therapy notes, medication and allergy list

**Image date, type and where it was done**

**What I still need to request or confirm**

## Questions to ask

- [ ] How will you check where the loss of feeling may be coming from?
- [ ] What new changes in hand use should I tell you about?
- [ ] If I have prior images, would they help answer today's question? Would another test change the plan?

**What will I do next, and when will we check in?**

**One small improvement I want to notice**

**Notes from my visit**