PHYSICIAN CONSULT CHECKLIST

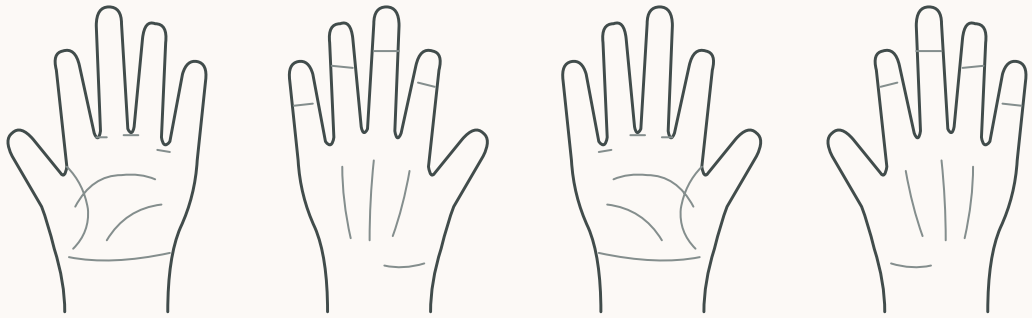
Thumb pain

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 which thumb joint hurts and compare texting, pinching, and turning lids.

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

List past sprains, splints, and activities that changed before the symptoms.

- ☐ 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 which thumb joint or tendon is involved?
- ☐ What grip or pinch goal fits my daily needs?
- ☐ 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

_____

_____