

Referral Questionnaire for Peripheral Neurophysiology

ID	Patient ID	Surname	
1			
First Name	address1	address2	
	Post Code	Date of Entry	
Town			
	Referring Docto		

- Do you suspect the patient is suffering from:**
- Carpal Tunnel Syndrome? - Go to Q5**
 - Ulnar Nerve Entrapment at the elbow? - Go to Q14**
 - Generalised axonal Peripheral Neuropathy ?- Go to Q23**
 - Is your referral for another reason? - Go to Q32**

- 5** Does the patient complain of tingling/numbness of the whole of the hand(s), all the fingers or predominantly on the radial/lateral side of the hand?
- 6** Is the tingling/numbness worse at night or does it wake them up?
- 7** Is the tingling eased by shaking the hand or by hanging it down?
- 8** Does the patient have a recent exacerbation of neck symptoms (if any)?
- 9** Does the patient have permanent sensory loss or muscle wasting?
- 10** Does the patient have neurological symptoms other than in the hand?
- 11** Does the patient believe their occupation has contributed significantly to their symptoms?
- 12** Has the patient had an arm fracture in the past 3 months?
- 13** Which hand is most affected? Left Right Both
- 14** Does the patient have tingling or numbness on ther ulnar/medial side of the hand?
- 15** Is the tingling/numbness present on waking in the morning?
- 16** Does the patient have a recent exacerbation of neck symptoms (if any)?

17 Does the patient have weakness without wasting?

18 Does the patient have permanent sensory loss or wasting?

19 Does the patient have neurological symptoms other than in the hand?

20 Does the patient believe that their occupation contributed significantly to their symptoms?

21 Has the patient had an arm fracture in the past 3 months?

22 Which hand is most affected? Left Right Both

23 Does the patient have tingling and numbness in the feet?

24 Are the ankle reflexes suppressed?

25 Are the symptoms symmetrical?

26 Does the patient have a recent exacerbation of lower back symptoms (if present)?

27 Are the sensory symptoms predominantly burning in nature?

28 Are the feet painful?

29 Is there weakness of the proximal leg muscles?

30 Are the knee reflexes depressed?

31 Does the patient have any systemic illness other than diabetes mellitus?

32 Please give brief clinical history with examination findings in the box below