

Preliminary information for neurography examination

Date of filling out the form: _____

Name: _____

Personal identity code: _____ Tel. _____

When did the symptoms begin: _____

Did the symptoms begin gradually or suddenly

If the symptoms began suddenly, what happened before they began? _____

	Yes	No
Do you experience numbness when using your limbs?		
Do you experience numbness while resting?		
Do you wake up during the night because of numbness?		
Have you ever broken your wrist or ankle?		
• Which joint?		
• When?		
Do you have diabetes or have you had elevated blood glucose levels?		
Have you been diagnosed with hyper- or hypothyroidism?		
Do you have concerns or have healthcare professionals raised concerns regarding your excessive alcohol use?		
Have you received chemotherapy?		
Do you use blood-thinning medication?		
Have you been diagnosed with a blood coagulation disorder?		
Have you been diagnosed with vitamin deficiency or vitamin malabsorption?		
Have you had an ENMG examination previously?		
• Where?		
• When?		

Symptom map

Date: _____

Name: _____

Social security number: _____

Height: _____

Please draw in the image the areas where you have had pain, numbness or loss of sensation during the past three months.

Pain = red

Numbness, tingling, stinging on skin = green

Loss of sensation = blue

Draw intense symptoms with darker colours.

Draw mild symptoms with lighter colours.

