

Patient Information Questionnaire - Endocrine Specialists

Name: _____
FIRST LAST (PRINT)

Date: ____/____/____

Phone: _ (____) _____

Age: ____ D.O.B. ____/____/____

Do you have a Pacemaker or Implanted Defibrillator? No ____ Yes ____

Have you ever had a Doppler Ultrasound (ABI) test on the arteries of your legs? No ____ Yes ____
 When (Month/Day/Year) ____/____/____

Please check X only if you have any of the following:

SYMPTOMS AND RISK FACTORS-NERVE NEUROPATHIES

"Numbness", "asleep" or "dead feeling" in feet ____ (Rt_ / Lt_) **DIABETES**
 Prickling (Pins & Needles) sensation in feet ____ (Rt_ / Lt_) **DIABETES**
 Deep aching ____ burning ____ pain in legs (Rt_ / Lt_)
 Difficulty climbing stairs due to leg muscle weakness ____
 Back Pain ____ Radiating "shooting" pain in legs/feet ____ (Rt_ / Lt_)

Diabetes (Good ____ Fair ____ Poor ____ control) _____

Hgb A1C _____

Smoking Hx: Quit ____ Still Smoking ____

Leg Cramps / Pain when walking ____ Cold Feet~ ____

Neck Pain ____ Radiating "shooting" pain in arms/hands ____ (Rt_ / Lt_)

History of a Stroke ____ TIA ____

Pain in Wrist ____ (Rt / Lt) Hand ____ (Rt / Lt) Shoulder ____ (Rt / Lt)

Deep aching ____ burning ____ pain in arms (Rt_ / Lt_)

Numbness in Hand(s) (Rt_ / Lt_) **DIABETES**

Numbness in Finger(s) (Rt_) **DIABETES** Thumb(1) ____ Index(2) ____ Middle(3) ____ Ring(4) ____ Little(5) ____

Numbness in Finger(s) (Lt_) **DIABETES** Thumb(1) ____ Index(2) ____ Middle(3) ____ Ring(4) ____ Little(5) ____

____ Do you have pain to (Rt_ / Lt_) wrist / hand at night that awakens you from sleep that requires shaking the hand?

____ Do you drop things or lose your grip in hand (Rt_ / Lt_)

____ Do you have or are you taking medicine for low thyroid (hypothyroidism)?

____ Do you currently work in a repetitive activity job such as keyboard, typing, assembly line, driving long distances, vibration machinery?

____ Have you worked in a repetitive activity job such as keyboard, typing, assembly line, driving long distances, vibration machinery in the past ____ months ____ year(s)?

X Patient Signature _____

OFFICE USE ONLY BELOW THIS LINE

X _____ Schedule appointment **NCT/EMG evaluation**

Physician / NP / PA Signature Single Study **NCT 30 minutes. 2 or more studies 45 minutes**

____ Mahmood F. Moosa, MD ____ Jan Hiser, CNP ____ Rebecca L. Ray, CNP

Print Full Name (PHYSICIAN / NP / PA): _____

Diabetic Neuropathy (Bilateral) _____ / _____ / _____

UPPER _____ / _____ / _____

LOWER _____ / _____ / _____

DATE TEST PERFORMED

Carpal Tunnel (Rt / Lt) _____

Cubital Tunnel (Rt / Lt) _____

Plantar Fasciitis (Rt / Lt) _____

Tarsal Tunnel _____

Cervical Radiculopathy (Rt / Lt) _____

Lumbar Radiculopathy (Rt / Lt) _____

Cubital Tunnel (Rt / Lt) _____

RE _____ cm LE _____ cm TEMP HAND _____ Hand Temperature (cool-<96°F/ warm)

RK _____ cm LK _____ cm TEMP FOOT _____ Foot Temperature (cool-<96°F/ warm)

MEASUREMENTS FOR DIABETIC NEUROPATHY NCT

Diabetes Foot Screen ____

RISK CATEGORY:

____ 0 No loss of protective sensation.

____ 1 Loss of protective sensation

____ 2 Loss of protective sensation with either high pressure (callous/deformity), or poor circulation.

____ 3 History of plantar ulceration, neuropathic fracture (Charcot foot) or amputation.

R ____ L ____ Posterior Tibial Pulse (0~/1~/2) R ____ L ____ Dorsalis Pedis Pulse (0~/1~/2)

X PA/NP/Tech Signature _____ **ID#** _____ **Date** ____/____/____.

ICD-9 codes _____

____/____/____: ____ AM / PM

DATE TIME

FURTHER EVALUATION NEEDED

SYMPTOMS AND RISK FACTORS-NERVE NEUROPATHIES

Tests to be performed

“asleep”, “numbness” or “dead feeling” in feet (Rt / Lt)	Diabetic Peripheral Neuropathy
“asleep”, “numbness” or “dead feeling” in feet (Rt / Lt)	Peripheral Neuropathy without diabetes
Prickling sensation in feet (Rt / Lt)	Diabetic Peripheral Neuropathy
Prickling sensation in feet (Rt / Lt)	Peripheral Neuropathy without diabetes
Deep aching or burning in legs (Rt / Lt)	Lumbar Radiculopathy
Difficulty climbing stairs due to leg muscle weakness	Lumbar Radiculopathy
Back Pain Neck Pain	Lumbar(back) / Cervical(neck) Radiculopathy
Radiating “shooting” pain in arms/hands legs/feet (Rt / Lt)	Lumbar(back) / Cervical(neck) Radiculopathy
Pain in Wrist (Rt / Lt) Hand (Rt / Lt) Shoulder (Rt / Lt)	Cervical(neck) Radiculopathy
Numbness* in Finger(s) Right Left	Carpal Tunnel Syndrome
Thumb(1) Index(2) Middle(3) Ring(4) Little(5)	Carpal Tunnel Syndrome
Pain to wrist / hand at night that awakens you from sleep that requires shaking the hand (Rt / Lt).	Carpal Tunnel Syndrome
Do or have you worked in a repetitive activity job such as keyboard, typing, assembly line, driving long distances, vibration machinery. (*must have numbness now for CTS)	Carpal Tunnel Syndrome
Do you drop things or lose your grip in hand right left	Carpal Tunnel Syndrome
Numbness in wrist or hand during previous pregnancy (Rt / Lt). (*must have numbness now for CTS)	Carpal Tunnel Syndrome
Do you have or are you taking medicine for low thyroid (*must have numbness now for CTS) (hypothyroidism).	Carpal Tunnel Syndrome

If a patient checks the above symptoms, consider doing the corresponding Nerve Conduction Study Tests.

SYMPTOMS AND RISK FACTORS-NERVE NEUROPATHIES

ICD-9 Diagnostic Codes

“asleep”, “numbness” or “dead feeling” in feet (Rt / Lt)	(use 357.2 with diabetes) + 356.9 / 782.0
“asleep”, “numbness” or “dead feeling” in feet (Rt / Lt)	use 356.9 / 782.0 without diabetes
Prickling sensation in feet (Rt / Lt)	(use 357.2 with diabetes) + 356.9 / 782.0
Prickling sensation in feet (Rt / Lt)	use 356.9 / 782.0 without diabetes
Deep aching or burning in legs (Rt / Lt)	(use 357.2 with diabetes) + 356.9 / 729.5
Deep aching or burning in legs (Rt / Lt)	use 356.9 / 729.5 without diabetes
Difficulty climbing stairs due to leg muscle weakness	728.87
Back Pain Neck Pain	back 724.2 / 724.4 / neck 723.1 / 723.4
Radiating “shooting” pain in arms/hands legs/feet (Rt / Lt)	729.5 + arms/hands 723.4 legs/feet 724.4
Pain in Wrist (Rt / Lt) Hand (Rt / Lt) Shoulder (Rt / Lt)	729.5 / 723.4
Numbness* in Finger(s) Right Left	354.0 / 782.0
Thumb(1) Index(2) Middle(3) Ring(4) Little(5)	354.0 / 782.0
Pain to wrist / hand at night that awakens you from sleep that requires shaking the hand (Rt / Lt).	729.5 / 354.0
Do or have you worked in a repetitive activity job such as keyboard, typing, assembly line, driving long distances, vibration machinery. (*must have numbness now for CTS)	354.0
Do you drop things or lose your grip in hand right left	354.0
Numbness in wrist or hand during previous pregnancy (Rt / Lt). (*must have numbness now for CTS)	354.0
Do you have or are you taking medicine for low thyroid (hypothyroidism). (*must have numbness now for CTS)	354.0

If a patient checks the above symptoms, consider using the corresponding ICD-9 Diagnostic Codes for Nerve Conduction Study Tests.

Diabetic Peripheral Neuropathy Nerve Conduction Profile

Mode/Nerve/Location	Units		
	Right	Left	Bilat
Motor with F-Wave			
Upper Median – Wrist (right/left)	1	1	2
Lower Peroneal – Ankle (right/left)	1	1	2
Sensory			
Upper Median – Wrist (right/left)	1	1	2
Lower Sural – Ankle (right/left)	1	1	2
Motor			
Tibial – Ankle (right/left)	1	1	2
Motor (do not count elbow & knee)			
Lower Median Elbow (right/ left)	1	1	2
Lower Peroneal Knee (right/ left)	1	1	2

Final Nerve Unit Count for Diabetic Neuropathy Testing
 Motor only– 2 Units
 Motor with F-wave – 4 Units
 Sensory– 4 Units
 Upper & Lower 95911 (10)
 Upper 95908 (4) Lower 95909 (6)

These are the nerves to be tested when doing a Diabetic Peripheral Neuropathy test. Be sure to include the measurements from the elbow to wrist (Median Motor) and knee to ankle (Peroneal Motor). Measure from the negative electrode reference points.
 with diabetes only use 357.2 + 356.9
 _ 95907 1-2 _ 95908 3-4 _ 95909 5-6
 _ 95910 7-8 _ 95911 9-10 _ 95912 11-12
 _ 95913 13 or more