



Move. Ever. Upward.

## **MiniSKreen TM – The Extremities**

### **Questionnaire:**

**Do you currently experience day or night pain in your shoulders, elbows, wrists, hands, hips, knees, ankles, or feet?** **Yes No**

**Do you currently experience stiffness in your shoulders, elbows, wrists, hands, hips, knees, ankles, or feet?** **Yes No**

**Do you currently experience swelling in your shoulders, elbows, wrists, hands, hips, knees, ankles, or feet?** **Yes No**

**Are you currently receiving treatment for pain and/or stiffness and/or swelling in any of the above regions?** **Yes No**

**Have you ever had an accident or injury that affected any of the above regions?** **Yes No**

**Do you experience numbness, tingling or weakness in your arms or legs?** **Yes No**

### **Comments:**

**Referral to Physician** **Yes No**

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_