Wyoming Workers' Compensation
1510 East Pershing Boulevard, Cheyenne, WY 82002
CARPAL TUNNEL/NERVE IMPINGEMENT QUESTIONNAIRE
PLEASE PRINT OR TYPE

Patient

First Name	Middle Initial:	Last Name	Claim Number:
5. Street Address:	City:	State: Zip:	DOB: Phone No.:
Date of Injury:	Gender: ☐Male ☐Female	Right Handed ☐ Left Handed ☐	Ht.: Wt.:

Job Duties/Activities

Please provide a copy of your job description from your employer, if available. Please also list all work duties you perform on a daily basis and the number of hours per day you perform each duty.

Cell Phone

How many hours per day do you use your cell phone/testing/gaming?

Do you use a hands-free cell phone device? ☐ Yes ☐ No

Recreation History

Do you participate in any of the following:

Yes	No		Hours per week
☐	☐	Woodworking	
☐	☐	Sewing	
☐	☐	Bowling	
☐	☐	Motorcycle riding	
☐	☐	Snowmobile	
☐	☐	All-Terrain Vehicle	
☐	☐	Jet Ski	
☐	☐	Hunting	
☐	☐	Personal computer	

Please list all other hobbies and recreational activities you regularly perform and the number of hours you perform them each week.

Medical History

Are you now, have or have ever been treated for?

Yes	No	
☐	☐	Injury to the neck
☐	☐	Injury to the shoulders
☐	☐	Injury to the hand or wrist
☐	☐	Diabetes
☐	☐	Low Thyroid
☐	☐	Kidney Problems
☐	☐	Wrist tumors or ganglion
☐	☐	Pregnancy (female only)
☐	☐	Estrogen therapy (female only)
☐	☐	Breast reduction (female only)
☐	☐	Have you had these symptoms before?

Please explain all yes responses. Include the name, and phone number of treating health care provider

Medication

Please list ALL medications you are currently taking. Include the name and phone number of the prescribing health care provider

Printed Name	Signature	Date

We invite you to take our customer service survey by visiting http://bit.ly/wyworkcomp or by scanning this code with your smart phone or other mobile device

We Bridge Human and Economic Development for Wyoming's Future.

CLAIMS
Phone 1-307-777-7441
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