

Dupuytren Evaluation: Office

| | |
|----------------------------------|------------|
| Surname | Given Name |
| Date (dd/mm/yy) (/ /) | ID # |

History

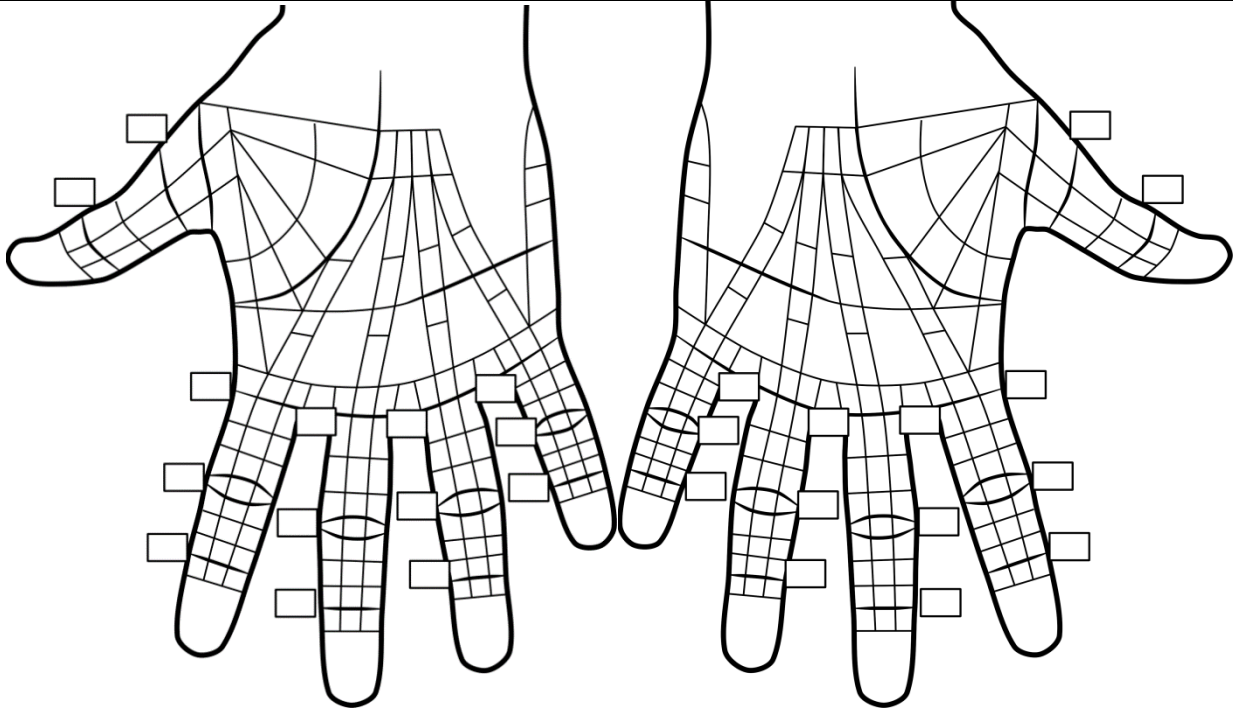
Age _____ Gender M F Writing Hand R L B Dupuytren Hand R L B
 Age at diagnosis _____ Prior treatment Y N Age at first treatment _____
 Treatment Details:

History of: Ledderhose Y N Frozen Shoulder Y N Peyronie Y N

Family history of Dupuytren or Ledderhose Parents Siblings Other None Unknown
 Family history details:

Other Relevant History:

Examination



Mark the diagram using this legend:

Extension Deficit // Cord ⊗ Nodule ◇ Skin Involvement ⋮ Skin Graft + Scar ⊕ Doppler Spiral Bundle

| | RIGHT | LEFT |
|-------------------|--|--|
| Palmaris Longus | <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Unknown | <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Unknown |
| Doppler | <input type="checkbox"/> No Exam <input type="checkbox"/> Normal <input type="checkbox"/> Inaudible <input type="checkbox"/> Spiral | <input type="checkbox"/> No Exam <input type="checkbox"/> Normal <input type="checkbox"/> Inaudible <input type="checkbox"/> Spiral |
| Dorsal PIP Nodule | <input type="checkbox"/> None <input type="checkbox"/> T <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> R <input type="checkbox"/> S | <input type="checkbox"/> None <input type="checkbox"/> T <input type="checkbox"/> I <input type="checkbox"/> M <input type="checkbox"/> R <input type="checkbox"/> S |
| Additional Notes: | | |

| | |
|-----------|------------|
| Examiner: | Signature: |
|-----------|------------|