

## Dupuytren Evaluation: Zoom

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

### History

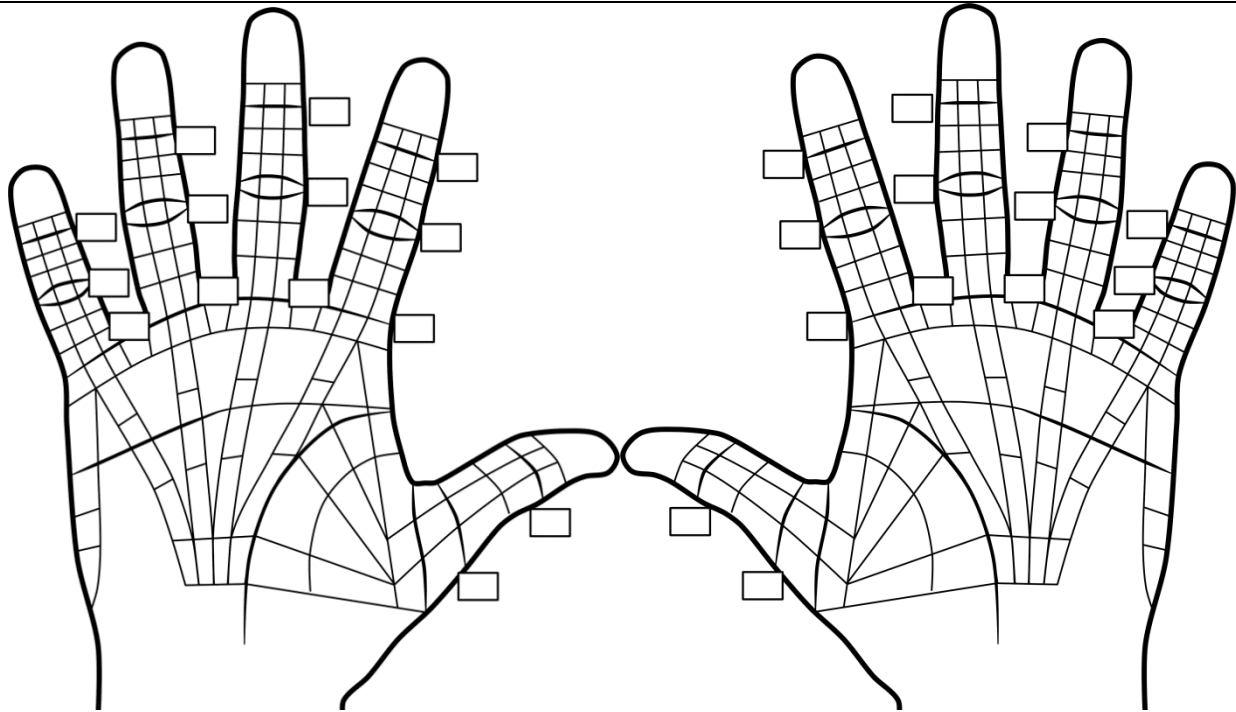
Age \_\_\_\_\_ Gender M F Writing Hand R L B Dupuytren Hand R L B  
 Age at diagnosis \_\_\_\_\_ Prior treatment Y N Age at first treatment \_\_\_\_\_  
 Treatment Details:

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

	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
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:
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