

# Hand Nerve Test

## Patient Information

Name:	
Age:	Date:
Contact Number:	

## Symptom Description

Describe the symptoms that led to the hand nerve tests:

## Tinel's Test

During Tinel's Test, tap lightly over specific nerve pathways, such as the median nerve, and record any sensations experienced:

Area Tested	Sensations (e.g., Tingling, Pins and Needles)	Time of Occurrence (if applicable)

**Phalen's Test**

During Phalen's Test, gently flex the wrist to put pressure on the median nerve and record any sensations:

Wrist Position	Sensations (e.g., Tingling, Pins and Needles)	Time of Occurrence (if applicable)

**Overall Impression:**

Share your overall experience during the hand nerve tests. Is there anything else you'd like to communicate about your symptoms or concerns?

**Healthcare Provider's Notes:**

Record any additional observations, comments, or recommendations:

**Next Steps:**

Outline the recommended actions or follow-up steps based on the hand nerve test results: