CONNECTICUT DISC AND LASER THERAPY CENTERS

Hand Tingling Symptom Tracker

Describe the pattern in your own words before an appointment.

Which hand and which fingers?

When did it happen? Include daytime or nighttime.

What were you doing at the time?

What sensation did you notice, and how long did it last?

Did it affect gripping, typing or another everyday task?

What changed when you changed position or paused the task?

Bring this page to your appointment.

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