

Elbow Form

Name: _____ Age: _____ How were you referred? _____

Occupation: _____

Treatments you would like to discuss: _____

Problem Elbow:

- Right
- Left
- Both shoulders

Pain is getting

- Worse
- Better
- Unchanged recently

How long has the pain been present?

Do you have numbness or tingling? Y / N

Have you tried: When Helpful?

Is this related to an injury? If so, how?

Physical therapy	Y / N	_____	Y / N
Injections	Y / N	_____	Y / N
OTC meds	Y / N	_____	Y / N
Rest	Y / N	_____	Y / N
Heat/Ice	Y / N	_____	Y / N
Bracing	Y / N	_____	Y / N

Dominant hand:

- Right
- Left

Changes in your sleep

Pain is:

- Mild
- Moderate
- Severe
- Worse with activity

- Yes
- No

History of surgery on the affected elbow Y / N

Tobacco use Y / N

Diabetes Y / N

Anything else you would like us to know? _____

Doctor to fill out

ROM	Flexion	Extension	Pronation	Supination
R:	_____	_____	_____	_____
L:	_____	_____	_____	_____

PLAN:

MRI CT INJ Rest Surgery Meds PT Brace

Follow up: _____