



ELBOW INITIAL HISTORY FORM

NAME _____ **DATE** _____ **AGE** _____

- Which is your dominant arm? Right Left
- Which shoulder hurts? Right Left Both
- If both shoulders hurt, which one is worse? Right Left Equal
- Approximately how long ago did the pain start?
- 1-2 weeks 2 months 6 months Greater than one year
- 3-4 weeks 3 months 7-9 months
- 5-6 weeks 4-5 months 9-12 months
- Other (please specify): _____

- Did the pain start: Gradually Acutely
- If acutely, do you recall a particular injury or accident? Yes No
- Do you recall date of injury or accident? Please specify: _____

- Is your elbow pain (/ one):
- Improving Staying the same Worsening

- Is your elbow pain (/ one for each line):
- None Mild Moderate Severe
- Constant Intermittent
- During activity After activity Both
- Dully, achy Sharp Worse at night? Yes No

- Is your elbow pain relieved by medicine?
- Yes No If yes, medication name: _____

- Have you ever injured your elbow before:
- Yes No If yes, please give details: _____
- _____

- Have you ever had surgery on your elbow before:
- Yes No If yes, please give details: _____
- _____

- Do you have (/ all that apply)
- Tingling Numbness Limitation of Motion
- Limitation Swelling Stiffness
- Weakness Popping