



THE SHOULDER CLINIC  
OF IDAHO P.L.L.C.

# ELBOW INFORMATION

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Referred By: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Affected Elbow:  Right  Left

Dominant Hand:  Right  Left  Ambidextrous

Briefly describe your elbow problem:

\_\_\_\_\_  
\_\_\_\_\_

Did the pain start slowly or suddenly:  Slowly  Suddenly

Did you have an injury to your elbow:  Yes  No Date of Injury: \_\_\_\_\_

Have you noticed a loss of strength?  Yes  No

Do you feel you have lost mobility?  Yes  No

Do you feel clicking or roughness when you move your elbow?  Yes  No

Has your elbow been treated with any of the following?

- Surgery  Injections  Physical Therapy  Acupuncture  
 Chiropractic  Medications  None of the above

Previous Elbow Imaging (Check All Appropriate):  MRI  EMG  Bone Scan  CT Scan  X-Ray

Occupation: \_\_\_\_\_

- Heavy Manual Labor  Light Manual Labor  Sedentary Work

Usual Activities/Sports Include: \_\_\_\_\_

Does anything make your pain :

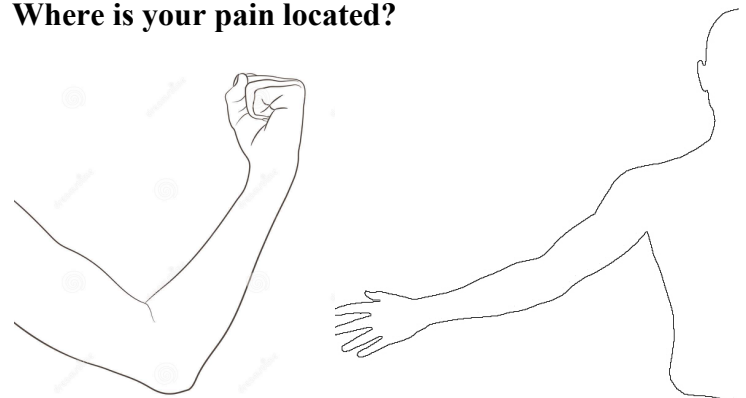
Better: \_\_\_\_\_

Worse: \_\_\_\_\_

On a scale of 1-10, indicate your pain level:

1 2 3 4 5 6 7 8 9 10

Where is your pain located?





**Allergies/Reactions to Medications, Latex, Sutures, Metal, Etc.**

Allergy	Reaction

**Social History**

Smoking:	Never	Former (year quit_____)	Current (packs/day_____)	
Alcohol:	Never	Rarely	Occasionally	Daily

**Family History**

Cancer	Heart Disease	Arthritis	Reaction to Anesthesia	Abnormal Bleeding/Clotting
Explain:				

Is there any chance you could be pregnant? \_\_\_\_\_

Advance Care Plan: Do you have a Living Will or Medical Power of Attorney? \_\_\_\_\_

**Review of Systems (Please circle all symptoms that you currently experience/ new or different from your chronic complaints)**

General	Fevers   Weight Changes   Abnormal Sweats   Fatigue   Dizziness
Skin	Rash   Infections   Bruise Easily   Itching   Skin Growths
Eyes/Ears/Nose/Throat	Vision Loss   Blurred Vision   Dentures   Hearing Loss   Difficulty Swallowing
Respiratory	Cough   Shortness of Breath   Wheezing
Cardiovascular	Chest Pain   Irregular Heartbeat   Lower Leg Swelling
Endocrine	Sweating   Excessive Thirst   Excessive Urination
Gastrointestinal	Bloody Stools   Constipation   Diarrhea   Nausea   Vomiting   Abdominal Pain
Urinary	Incontinence   Urgency   Frequency   Hesitancy
Neurological	Frequent Headaches   Numbness   Tingling   Weakness
Musculoskeletal	Fractures   Joint Pain   Joint Swelling   Muscle Aches
Emotional	Anxiety   Depression   Bipolar   ADHD