

ELBOW EVALUATION FORM

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Name _____ Age _____ Date _____

___Right Handed / ___Left Handed Involved Elbow ___Right ___Left ___Both - ___Right Worse ___Left Worse

When did problem start? _____ Was there an Injury? ___Yes ___No

Describe what happened to elbow? (i.e. fall, pop/pain when throwing a ball) _____

Do you have: ___clicking ___catching ___locking ___loose/unstable feeling ___stiffness ___loss of motion
 ___weakness ___numbness/tingling down arm

Location of pain ___Front ___Back ___Inside ___Outside of arm

How severe is pain? (None) 0 1 2 3 4 5 6 7 8 9 10 (Severe) Is pain constant? ___Yes ___No

What makes pain worse? _____

What makes pain better? _____

Previous elbow injuries and dates _____

Previous treatment

___Medications ___Ibuprofen/Advil ___Naproxen/Alleve ___Other _____

___Injections ___Cortisone dates _____ percent pain improved _____

___PRP dates _____ percent pain improved _____

___Physical Therapy Dates _____ ___helpful ___not helpful

___Other _____

Previous Elbow Surgery	Date	Surgeon
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Have you had ___X-ray ___MRI ___Other test _____ for this condition

Sports/recreational activities _____

Level of sport ___High School ___College ___Professional ___Other _____

Occupation _____

Current School and Grade Level _____

Goals after treatment for this problem _____

For Baseball Players

Position _____ Do you play year round? _____

How many teams? _____ When last played _____

Average pitch count _____

Which part of throwing cycle causes pain?

___Early (Cocking phase) ___Middle (Ball coming forward/acceleration) ___Late (Ball Release)