

HISTORY SHEET (ELBOWS)

**** New patients only ****

Age _____

Dominance • Right handed • Left handed

Occupation _____ or • Retired

Hobbies/Sports _____

Affected side • Right • Left

Shoulder problems • No • Yes, state any issues _____

Duration of symptoms _____ months

Smoker • No
• Yes _____/day • Ex-smoker, since _____

Alcohol • No • Yes _____ units/day

Diabetic • No • Yes, type _____

Major health problems List here

On blood thinning tablets • No
• Yes, name _____
e.g., Clopidogrel, Apixaban, Warfarin, etc

Previous injuries to elbow • No
• Yes, how many _____

Previous surgery to elbow • No
• Yes, what surgery _____

Physiotherapy history • No
• Yes, how many sessions so far _____