		Patient #
	Elbow	
Front View	5	Date_
	*	
	Side View	7
Outside	Back	
- ij		
Inside		Front
		The second secon
(1)		

Please circle on the above drawing where you are having pain or symptoms.

Is this work related? YESNO If this was not an injury, how long have you been experiencing your symptoms? Which elbow will we be examining? Left or Right Is the range of motion in this elbow limited? YESNO Do you feel a lump in the area of concern? YES or NO (circle) If YES, please describe how if feels to you? (hard, soft, does it move around, is it close to the surface or does it feel deep?) Have you ever had surgery on this elbow before? YESNO If YES, when, where, and what has the surgery done for you? Have you ever had x-rays, a CT scan, or MRI scan for this problem? YESNO If YES, when and where, and what did they show?	Describe the sensations or symptoms you are experiencing (pain, aching, tingling, burning, numbness, etc.)
Which elbow will we be examining? Left or Right Is the range of motion in this elbow limited? YESNO Do you feel a lump in the area of concern? YES or NO (circle) If YES, please describe how if feels to you? (hard, soft, does it move around, is it close to the surface or does it feel deep?) Have you ever had surgery on this elbow before? YESNO If YES, when, where, and what has the surgery done for you? Have you ever had x-rays, a CT scan, or MRI scan for this problem? YESNO If YES, when and where, and what did they show?	Is this a result of an injury? YESNO If YES, give the date:(month-day-year) If YES, explain how and where your injury occurred:
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	Have you ever had x-rays, a CT scan, or MRI scan for this problem? YESNO If YES, when and where, and what did they show?
Diamento WEICHT WEICHT	Does your family have a history of cancer? YESNO Please give us your HEIGHT WEIGHT