

Extracorporeal Shock Wave Therapy

Chronic Lateral Epicondylitis (Tennis Elbow)

Patient History

Patient Name: _____ Date of Birth: _____

Patient Occupation: _____

Patient History: The patient complains of chronic elbow pain for the past _____ months, with a clinical diagnosis of Chronic Lateral Epicondylitis.

The pain is located in the (Right / Left / Bilateral) elbow(s).

The date of onset of pain was _____ (approx month/year).

Type of pain: _____ Sharp _____ Stabbing _____ Throbbing _____ Achy

Magnitude of pain: _____ Mild _____ Moderate _____ Severe

Patient complains of elbow pain:

_____ During grasping activities _____ When outside of elbow is touched/bumped

_____ That radiates to the forearm _____ When straightened or extended

_____ That radiates to the hand _____ When lifting something heavy

_____ Accompanied by a sense of weakness _____ During repetitive movements of wrist

_____ At rest or at night after activity

The pain limits: _____ Normal daily activities

_____ Work Activities

_____ Recreational/Sport Activities

Conservative non-surgical treatment(s) that has/have been performed with no documented improvement for this patient include(s), but not limited to:

<u>Treatment</u>	<u>Date Started</u>	<u>Ongoing</u>
_____ Modification of Activity	_____	_____
_____ Strapping	_____	_____
_____ Ice	_____	_____
_____ Wrist/Forearm Brace	_____	_____
_____ Anti-Inflammatory Medications	_____	_____
_____ Cortisone Injections	_____	_____
_____ Stretching and Strengthening Exercises	_____	_____
_____ Physical Therapy	_____	_____
_____ Other: _____	_____	_____

Physician Signature

Date