

Demographics

Name	Test Patient
Date Of Birth	10-12-1977
Gender	Female
Provider Name	David Eisenhauer
Email Id	eisenha@gmail.com
Address 1	1234 Main Street
Address 2	
City	Rancho Santa Fe
Zip Code	74016
State	California

Primary Care Physician

Name	DrFox
Fax	775-400-6000
E-mail	fox@hotmail.com
Phone Number	417-556-2000

Referral Information

Type	FastXray/Imaging
Name	FastXray
Fax	775-900-6095
E-mail	fastxray@hotmail.com
Phone Number	

Chief Complaint

Chief Complaint	elbow pain/Right
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History of Present illness

What are your symptoms?

- Dull Pain/Achiness

Did you have an injury or did symptoms come about slowly?

- Slowly

How long has it been bothering you?

- 4 months

Have you had a recent increase in activity (workouts, repetitive motion, etc.)? (Explain)

- Yes, started painting our house

When does it bother you?

- With Certain Activities

Do the symptoms awaken you from sleep?

- No

What makes the symptoms better or worse?

- work makes it worse

What treatments have you had so far?

- Ice, Motrin and Rest

Please explain your current injury or symptoms in detail.

- My right elbow started hurting shortly after starting to paint my house. It hurts near the outside of the joint. It hurts with activity and gets better with rest.

Past Medical History

List your current or past medical problems that is, anything you take prescription or over the counter medication for, or anything you see a physician or specialist for

- Asthma, Allergies

Are you currently in a pain management program for this problem or another chronic pain issue?

- No

Past Surgical History

List ALL surgeries you've had in the past

- Hernia, Appendix

Medication

List ALL current medications, both prescription and over the counter, including vitamins and supplements.

- Albuterol, OTC allergy medicine, Motrin

Do you take NSAIDS (aspirin, Aleve, naproxen, Motrin, ibuprofen or other anti-inflammatories not including Tylenol)

- Yes

Can you take NSAIDS?

- Yes

Do you have a history of ulcers or kidney disease?

- No

Do you currently take a blood thinner?

- No

Allergies

(specifically are you allergic to any medication, medical products, or IV contrast/dye)

- No

Social History

Do you use tobacco, alcohol or recreational drugs? If so, what types and how much? (how many packs per day do you smoke, how many drinks per day, etc)?

- None

Do you live alone?

- No

Are you employed?

- Yes

Are you pregnant?

- No

Family History

Do you have a first degree relative with any major medical problems?

- No

Review of Systems

Is there deformity at the area of chief complaint (Explain)?

- No

Is there redness, swelling or bruising at the area of chief complaint (Explain)?

- No

Do you have nausea, vomiting, fever, chills, diarrhea, or other symptoms of a generalized illness or infection (Explain)?

- No

Do you have full mobility of the body part/joint at the area of chief complaint (Explain)?

- Yes

Is the skin in tact, is there scabbing, drainage or any other skin changes at the area of chief complaint (Explain)?

- In tact

Do you have any feelings of instability at the area of chief complaint (Explain)?

- No

Can you put your full weight on the area of chief complaint (Explain)?

- Yes, but with pain

If you have numbness/tingling, describe EXACTLY where it is (specifically which fingers or what part of the hand/arm, or which toes or what part of the foot/leg. Try not to say "entire hand" or "entire foot", unless that is truly the case).

- No

Physical Characteristics

Height(inches)

67

Weight(lbs)

145

Right Handed Or Left Handed

Right Handed

<http://moonlightortho.com/>

Video Exam

Video Exam (will be filled out by physician after review of the patients video)

- You have lateral-sided elbow pain, near the lateral epicondyle

Assessment

Assessment (Will be filled out by physician after review of the patients history and intake form and review of the video)

- Lateral Epicondylitis (Tennis Elbow)

Recommendations

Recommendations (Will be filled out by physician after review of the patients history and intake form and review of the video)

- I can call you in an Rx for a tennis elbow strap/wrist brace, and an Rx anti-inflammatory, or you could come into the office for a steroid injection and we could fit you with the braces, which tends to help get patients over this more quickly. You also need to rest your right arm and lay off of painting and any repetitive motions and heavy lifting for 6 weeks. Continue ice/Mortin as needed.

Patient Response

Patient Response

- I will call your office to schedule an appointment for the injection. Thanks!