

Is your shoulder painful when you are not using it?

yes no

Is your shoulder painful while you are using it?

yes no

Is your shoulder painful only after you use it?

yes no

Does your shoulder pain decrease after you use it?

yes no

Before this shoulder problem started, were you having any problems with your shoulder?

yes no

Painful Activities

I have recently injured my shoulder and have severe pain that prevents me from using it.

I have **shoulder** pain with the following activities. Please check all that apply.

- using an ATM machine
- getting a parking ticket
- reaching in the back seat of the car
- putting on the seatbelt
- washing a car
- turning the steering wheel
- adjusting car mirror or radio

- performing gardening/yard work
- performing housework
- vacuuming
- pulling up bed covers
- sleeping
- doing the laundry
- starting a lawnmower

- putting a belt through the belt loops
- reaching my wallet
- fastening a bra
- Buttoning pants
- putting on a coat/shirt/sweater

- combing hair
- blow drying hair

- Lifting
- pushing / pulling
- knitting/crochet
- doing computer work/typing
- pouring from pitcher
- getting milk from the refrigerator
- reaching overhead
- reaching out to the side
- carrying heavy objects

SPORTS

Do you have **shoulder** pain with any of the following sports?
Please check all that apply.

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> golf | <input type="checkbox"/> hockey |
| <input type="checkbox"/> tennis | <input type="checkbox"/> racquetball |
| <input type="checkbox"/> swimming | <input type="checkbox"/> basketball |
| <input type="checkbox"/> bowling | <input type="checkbox"/> weight lifting |
| <input type="checkbox"/> softball | <input type="checkbox"/> volleyball |
| <input type="checkbox"/> baseball | |

Do you have?

- pain during the sport pain after the sport
- unable to do the sport because of pain

How has your shoulder been treated up to now?

I have

- NOT changed my work to adjust for my shoulder
 - changed my work to adjust for my shoulder
 - stopped working to adjust for my shoulder
- what kind of work? _____

For my shoulder problem I have already seen

- my regular doctor a chiropractor an orthopedic surgeon
- a neurosurgeon a physical therapist a massage therapist

MEDICATION

_____ I have **not** taken any medication for my shoulder condition

_____ I **was** treated with medication

Name of medication _____

INJECTIONS

_____ I have **not** received an injection for my shoulder condition

_____ I **have** received an injection

THERAPY

_____ I have **not** had any therapy for my shoulder condition

_____ I **have** received therapy for my shoulder condition

SURGERY

_____ I have **not** had any surgery for my shoulder condition

_____ I **have** had any surgery for my shoulder condition

Your general health and medications can affect your treatment. Please help us by providing the following information

Do you have a Family Physician or Internist?? NONE

Doctor _____

Date of last visit _____ Date of last complete examination _____

Would you like us to send a copy of our report to the doctor you listed above??

YES NO

Another doctor? _____

Medical problems

ROS Anesthesia

- No anesthesia problems

- I have had general anesthesia
- I have never had general anesthesia
- Problems with general anesthesia
- High temperature with anesthesia
- Heart problems with anesthesia
- Difficulty with breathing tube insertion
- Nausea or vomiting after anesthesia
- High blood pressure with anesthesia
- Low blood pressure with anesthesia

- Difficulty with local anesthesia
- Reaction to Novocain
- Allergic reaction

- dentures
- crowns
- loose teeth
- cracked teeth

ROS Heart

- No heart problems

 - Heart attack
 - Blocked arteries in the heart
 - Heart surgery for blocked arteries in the heart
 - Angioplasty surgery for blocked arteries in the heart
 - Congestive heart failure
 - Blocked arteries in the neck
 - Surgery for blocked arteries in the neck
 - Angioplasty for blocked arteries in the neck
 - Heart valve problems
 - Heart surgery for valve problem
 - Heart transplant
 - Heart rhythm problem
 - Fast heart beat
 - Palpitations
 - Chest pain
 - Shortness of breath
 - Congenital heart disease
 - pacemaker
 - heart murmur
 - cardiomyopathy
 - pericarditis
 - aortic aneurysm
 - I am active
- Slow heart beat
 - Difficulty breathing while lying down
 - I am not as active as I should be

ROS Vascular

- No vascular problems
- High blood pressure
- Low blood pressure
- Fainting
- Leg pain while walking
- Excessive bleeding
- anemia
- sickle cell
- blood clots in arms or legs

ROS Lungs

- No lung problems
- Asthma
- Difficulty breathing
- sleep apnea
- Productive cough
- TB
- lung cancer
- pneumonia
- pneumothorax
- blood clot in lungs

ROS Gastrointestinal

- No GI problems
- Hepatitis
- Reflux
- Ulcer
- Colitis
- Stomach or intestinal surgery
- Gall bladder disease
- pancreatitis
- irritable bowel syndrome
- Crohn's disease
- colitis
- hiatal hernia
- diverticulitis

ROS Hepatitis

- Hepatitis A Hepatitis B Hepatitis C
- Hepatitis type unknown
- acute
- chronic
- past resolved

ROS Genitourinary

- No GU problems
- Kidney
- Kidney stone
- Bladder
- Unable to control urination
- Urinary retention
- prostate

ROS Neurologic

- No neurological problems
- Seizures
- Dizziness
- Stroke
- Numbness
- carpal tunnel syndrome
- polio
- migraines
- parkinsons
- multiple sclerosis
- cerebral palsy
- paraplegia
- alzheimers
- brain tumor
- brain surgery

ROS Psychological

- No psychological problems
- anxiety
- panic attacks
- depressed mood
- major depression
- manic depression
- attention deficit disorder
- schizophrenia
- alcoholism
- autism
- obsessive compulsive disorder
- insomnia

ROS Endocrine

- No Endocrine problems
- Diabetes non insulin dependent
- Diabetes insulin dependent
- Thyroid

ROS Infection

- No infectious disease problems
- HIV
- AIDS
- TB

ROS HEENT

- No HEENT problems
- Nose bleeds

ROS Eyes

- No eye problems
- glaucoma
- cataracts

ROS Skin

- No skin problems
- Skin cancer
- psoriasis

ROS Breast

- No breast problems
- Breast cancer Right Left Both
- Breast surgery Right Left Both
- Biopsy Right Left Both
- Mastectomy Right Left Both

Do you have any allergies??

To medicines NO YES Describe

To iodine x-ray dye shellfish

Please list the medications you are currently taking

___ I am **not** currently taking any medication

___ I am taking the following medication.

	Medication	Dosage	times/day
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Have you taken any of the following medicines in the last 6 months??
(please circle)

Heart Blood pressure water pills cortisone
Diabetes pills Insulin Blood thinner

Social History

The amount you drink and smoke can affect how well bones and ligaments heal and how you react to medicines or anesthesia.

Alcohol

___ I do not drink
___ I am a social drinker
___ I am a daily drinker
___ Beers / day ___ Beers / week
___ Glasses of wine / day ___ Glasses of wine / week
___ Liquor drinks / day ___ Liquor drinks / week

Tobacco

___ I do not smoke ___ I smoked but stopped
_____ year stopped smoking
___ I smoke
___ packs per day for ___ number of years
___ cigars / week
___ I chew tobacco