

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 | |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> my regular doctor | <input type="checkbox"/> a chiropractor | <input type="checkbox"/> an orthopedic surgeon |
| <input type="checkbox"/> a neurosurgeon | <input type="checkbox"/> a physical therapist | <input type="checkbox"/> a massage therapist |
-

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?? Yes No

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? _____

Address: _____

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

Date therapy started and duration: _____

SURGERY

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

Date and type of surgery: _____

Family History: Please provide any pertinent family medical history relating to your parents

Illness/condition	Father	Mother	Age at diagnosis	Living? If no, date of death

Unknown

Medical problems (Review of Systems)

ROS Heart

- No heart problems
- Heart attack
- Blocked arteries in the heart
- Congestive heart failure
- Palpitations
- murmur
- Cardiomyopathy
- Pericarditis
- Cardiomegaly
- Aortic aneurysm
- A-fib
- Conduction disorder
- Atrial flutter
- Mitral insufficiency
- hypertensive heart disease
- Angina
- Mitral Valve Prolapse
- Rheumatic heart disease
- Cardiac pacemaker

ROS Vascular

- No vascular problems
- Anemia
- Hypotension (low blood pressure)
- Fainting
- Hypertension (high blood pressure)
- Phlebitis
- varicose veins
- Vasovagal
- Venous insufficiency

ROS Lungs

- No lung problems
- Asbestosis
- asthma
- bronchitis
- COPD
- emphysema
- PE (pulmonary embolism)
- pneumonia
- pneumothorax
- shortness of breath
- Sleep apnea

ROS Gastrointestinal

- No GI problems
- Achalasia
- anorexia
- c diff
- colitis
- chron's
- diverticulitis
- ulcer
- reflux
- fecal incontinence
- gastric bypass
- gastritis
- hiatal hernia
- Irritable bowel syndrome
- pancreatitis

ROS Hepatitis

- Hepatitis A (year_____)
- Hepatitis B (year_____)
- Hepatitis C (year_____)
- Hepatitis type unknown
- acute
- chronic
- past resolved

ROS Genitourinary

- No GU problems
- Acute renal failure
- Chronic renal failure
- cystitis
- dialysis
- kidney stones
- urinary incontinence

ROS Neurologic

- No neurological problems
- Alzheimers
- Carpal tunnel syndrome
- Cerebral Palsy
- Dementia
- Diabetic neuropathy
- Epilepsy

ROS Psychological

- No psychological problems
- Alcoholism
- Anxiety
- Bipolar disorder
- Depression
- Drug dependence
- Eating disorder
- Insomnia
- Obsessive compulsive disorder
- Panic attacks
- Phobias
- Schizophrenia

- Paraplegia
- Parkinson's
- Peripheral neuropathy
- Migraines
- Polio
- Seizures
- Stroke
- TIA's

ROS Endocrine

- No Endocrine problems
- Diabetes non insulin dependent
- Diabetes insulin dependent
- Graves
- Addison's
- Gout
- Hypothyroidism

ROS Infection

- No infectious disease problems
- HIV
- AIDS
- TB
- MRSA

ROS ENT (Ear, Nose and Throat)

- No HEENT problems
- Dystonia
- Hearing Aid
- Hearing Loss
- Sinusitis
- Vertigo (positional)

ROS Eyes

- No eye problems
- Blindness
- Cataracts
- Glaucoma
- Macular degeneration
- Retinopathy

ROS Skin

- No skin problems
- Cellulitis
- Eczema
- Psoriasis
- Rosacea
- Shingles

ROS Breast

- No breast problems
- Benign Mass
- Cyst
- Fibrocystic Disease
- Mastitis
- Breast Cancer

