

SHOULDER INITIAL HISTORY FORM

NAME _____ DATE _____ AGE _____

Which is your dominant arm? Right Left

Which shoulder hurts? Right Left Both

If both shoulders hurt, which one is worse? Right Left Equal

Approximately how long ago did the pain start? _____ weeks/months greater than 1 yr

Did the pain start: Gradually Acutely

If so, do you recall a particular injury or accident?

Yes No

Do you recall date of injury or accident? Please specify:

Have you suffered any of the following with your shoulder: (/ all that apply)

- Fall – landing directly on your shoulder?
- Pain lifting a heavy object?
- Fall – landing on your outstretched hand?

Have you ever dislocated your shoulder? Yes No

If yes, how many times? _____

Have you had any previous surgeries on your shoulder? Yes No

Date? _____

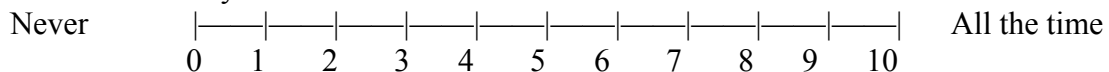
Type of surgery: _____

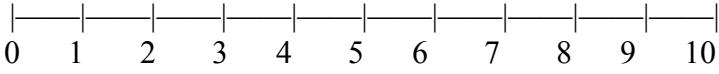
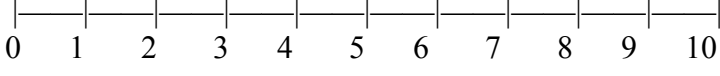
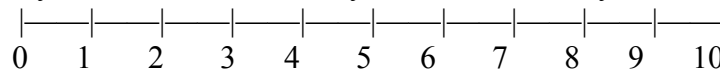
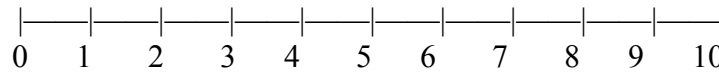
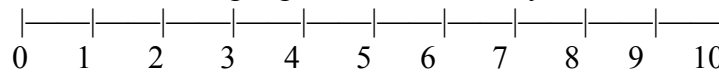
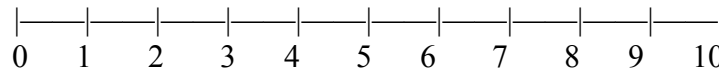
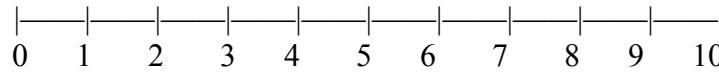
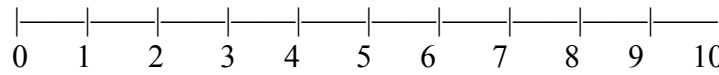
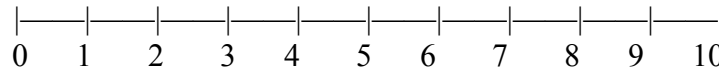
Have you had any injections into your shoulder?

If yes, when _____?

Circle the number below each question that best describes your shoulder. Your answer should be based on a rating scale from 0 to 10 (0 is the best and 10 is the worst).

1. How often does your shoulder hurt?



2. How severe is the pain at its worst?
None  Excruciating – requiring pain pills
3. Does your shoulder hurt at night?
No  Severe – Doesn't allow to sleep
4. Does the pain in your shoulder radiate to your neck or down your arm?
Never  All the time
5. Do you feel popping or catching when your shoulder moves?
None  Severe – all the time
6. Do you have numbness or tingling which radiates to your hand?
No  Severe – all the time
7. Are you able to comb your hair?
No problem  Unable
8. Are you able to sleep on the involved side?
No problem  Unable
9. Are you able to perform your usual work?
No problem  Unable
10. Are you able to perform your usual sports?
No problem  Unable

11. Are you satisfied with your function in your shoulder? Yes No

12. Compared to when your shoulder pain first started:

Is your shoulder pain:

Better

Worse

Same

Is your shoulder motion:

Better

Worse

Same

Please describe any current medical complaints which you are experiencing and were not previously covered on this questionnaire or list any additional comments you wish to make regarding your condition.
