



# ARLINGTON ORTHOPEDIC ASSOCIATES, P.A.

## SHOULDER FORM

Name \_\_\_\_\_ Date \_\_\_\_\_ Age: \_\_\_\_\_

I am right-handed \_\_\_\_\_ Left-handed \_\_\_\_\_ Truly ambidextrous \_\_\_\_\_

Which shoulder is bothering you: \_\_\_\_\_right \_\_\_\_\_left \_\_\_\_\_both

Your major complaint: (check all that apply)

- |                   |                      |                        |                        |
|-------------------|----------------------|------------------------|------------------------|
| _____ aching pain | _____ burning        | _____ stabbing pain    | _____ pain at night    |
| _____ deformity   | _____ loss of motion | _____ loss of strength | _____ swelling         |
| _____ going out   | _____ locking        | _____ grinding         | _____ numb or dead arm |
| _____ other _____ |                      |                        |                        |

Rate the severity of the problem: mild \_\_\_\_\_ moderate \_\_\_\_\_ severe \_\_\_\_\_

Nature of onset of this problem: gradually \_\_\_\_\_ suddenly \_\_\_\_\_ reinjury of previous injury \_\_\_\_\_

What makes the pain worse? \_\_\_\_\_

What makes the pain better? \_\_\_\_\_

Have you tried: rest, ice, heat, physical therapy, cortisone shot, or pills? (circle all that apply)

Did they help? \_\_\_\_\_

Describe your specific injury, if you had one: \_\_\_\_\_

Date of onset of this problem: \_\_\_\_\_

Does your shoulder go out or dislocate? \_\_\_\_\_

Range of motion in the shoulder?

- \_\_\_\_\_ same as ever \_\_\_\_\_ unable to get hand behind head \_\_\_\_\_ unable to get behind back

Grating or grinding noises or sensations in the joint? \_\_\_\_\_ none \_\_\_\_\_ can feel with my hand

Do you have weakness in the hand? \_\_\_\_\_ no \_\_\_\_\_ yes

What activities do you participate in?

Sports \_\_\_\_\_ Recreation \_\_\_\_\_

In respect to your shoulder, have you \_\_\_\_\_ seen a doctor, \_\_\_\_\_ had X-rays or MRI \_\_\_\_\_ had surgery

Explain \_\_\_\_\_

Have you had a neck injury or pain? \_\_\_\_\_

Have you had a pinched nerve in your neck? \_\_\_\_\_

Have you had neck surgery? \_\_\_\_\_

Please rate your level of physical health:

- \_\_\_\_\_ excellent \_\_\_\_\_ very good \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

Is this a legal or third party liability case?

- \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Potential \_\_\_\_\_ Motor Vehicle Accident \_\_\_\_\_ Work Comp \_\_\_\_\_ Other

Do you have a lawyer and if so who? \_\_\_\_\_

\_\_\_\_\_  
Patient Signature