

# Northtowns Orthopedics, P.C.

## SHOULDER HISTORY

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Which shoulder bothers you? \_\_\_\_\_ Right

\_\_\_\_\_ Left

Which is your dominant hand? \_\_\_\_\_ Right

\_\_\_\_\_ Left

How long have you had symptoms? \_\_\_\_\_

This problem started \_\_\_\_\_ Suddenly

\_\_\_\_\_ Gradually

My problem is \_\_\_\_\_ Constant

\_\_\_\_\_ Intermittent

How did the problem start?

\_\_\_\_\_ Work

\_\_\_\_\_ Sports

\_\_\_\_\_ Car Accident

\_\_\_\_\_ Fall

\_\_\_\_\_ Overuse

\_\_\_\_\_ Lifting

\_\_\_\_\_ Pushing

\_\_\_\_\_ Pulling

\_\_\_\_\_ Carrying Other \_\_\_\_\_

My Complaints are: (Check all that apply)

\_\_\_\_\_ Pain

\_\_\_\_\_ Swelling \_\_\_\_\_ Stiffness

\_\_\_\_\_ Locking

\_\_\_\_\_ Catching \_\_\_\_\_ Grinding

Other \_\_\_\_\_

\_\_\_\_\_ Lost Motion

\_\_\_\_\_ Unstable \_\_\_\_\_ Numbness/Tingling

If pain, the location is: \_\_\_\_\_

I have difficulty with: (check all that apply)

\_\_\_\_\_ Moving arm

\_\_\_\_\_ Sleeping

\_\_\_\_\_ Throwing

\_\_\_\_\_ Coughing

\_\_\_\_\_ Sneezing

\_\_\_\_\_ Breathing

\_\_\_\_\_ Lifting

\_\_\_\_\_ Carrying

\_\_\_\_\_ Dressing

\_\_\_\_\_ Washing

Other \_\_\_\_\_

What makes the problem better:

\_\_\_\_\_ Rest

\_\_\_\_\_ Movement

\_\_\_\_\_ Medication

\_\_\_\_\_ Ice

\_\_\_\_\_ Heat

Other \_\_\_\_\_

Activity level: (check the one best description)

\_\_\_\_\_ Disabled

\_\_\_\_\_ Sedentary

\_\_\_\_\_ Household work

\_\_\_\_\_ Light work

\_\_\_\_\_ Medium Work

\_\_\_\_\_ Vigorous Work

\_\_\_\_\_ Light Sports

\_\_\_\_\_ Vigorous Sports

If your normal shoulder performs at 100%, how does your injured shoulder perform? \_\_\_\_\_%

Reviewed By: \_\_\_\_\_