

Shoulder / Clavicle Evaluation

William F. Sima, M.D.

Name: _____

Date: _____

Which shoulder are you being seen for today? Right Are you: Right handed
Left Left Handed

Is your shoulder: Catching Stiff
Instability Weak
Painful

Your first symptoms began: Suddenly As a result of: A fall Tripping
Gradually Injury MVA
Misstep No injury

In detail please explain how your pain first started _____

What date did this begin? _____

Previous Treatment: I have not received any treatment for this condition

I was evaluated by _____ at:
Twin Cities Hospital Sierra Vista Hospital Family Doctor
French Hospital Urgent Care Other _____

Referring physician: _____

X-rays – Where: _____

MRI – Where: _____

Brace

Physical Therapy - Where: _____

Cortisone Injection

Surgery - With: _____

Severity of Pain: Doing great Same as it was
Much better Worse
Somewhat better

Quality of Pain: Pinching Dull Pulling Stabbing
Achy Gnawing Sharp
Burning Itchy Throbbing

Does the Pain Radiate? Outside of upper arm To the thumb
To the mid upper arm To the hand
To the elbow To the neck
To the wrist To the shoulder blade

Worse with: Reaching over head Sleeping Throwing
Reaching out to side Lifting Combing hair
Reaching behind back Pushing Dressing
Reaching across chest Sports Driving

Weakness: With overhead lifting In shoulder With lifting

Name: _____ Date: _____

Paresthesias (tingling): Elbow Hand
Fingers (Thumb Index/Long/Ring/ Small) Shoulder
Forearm Whole Arm

Also experiencing: Grinding Popping
Clicking Cracking

Sports Limitations: Has no limitations
Participates with difficulty in: _____
Unable to participate in: _____

Instability: Shoulder Frequent instability Self reduced instability
Required ER care Dislocated

Stiffness: Yes No

Medications you are taking for shoulder pain:

Medications for pain: Not required
Used occasionally
Required daily

Work Status:
Full duty
Light Duty
Missed work since _____
Unemployed
Retired
Disabled
Homemaker

PAIN:

What amount of shoulder pain have you experienced in the last week doing the following:

1. **Reaching overhead:** None Mild Moderate Severe Extreme
2. **Reaching behind back:** None Mild Moderate Severe Extreme
3. **Lifting:** None Mild Moderate Severe Extreme

FUNCTION (daily living):

4. **Showering and personal hygiene:** None Mild Moderate Severe Extreme
5. **Putting on shirt:** None Mild Moderate Severe Extreme
6. **Getting in and out of chair:** None Mild Moderate Severe Extreme