NAME:

SHOULDER RECHECK

Current Symptoms:
☐ Doing Great
☐ Much Better
☐ Somewhat better
☐ Same as it was
☐ Worse

Other Symptoms:
☐ Grinding ☐ Popping
☐ Clicking ☐ Cracking

Quality of Pain:
☐ Achy
☐ Burning
☐ Gnawing
☐ Sharp
☐ Throbbing
☐ Stabbing
☐ Other _______________

Radiating Pain:
☐ Outside of upper arm
☐ Mid upper arm
☐ To the elbow
☐ To the wrist
☐ Hand
☐ Shoulder blade
☐ Other ____________

Weakness:
☐ Overhead lifting
☐ With lifting
☐ In the shoulder

Tingling:
☐ Elbow
☐ Fingers **(circle one)**
Thumb/Index/Long/Ring/Small
☐ Forearm
☐ Hand
☐ Whole arm
☐ Other _______________

Sports Limitations:
☐ Has no limitations
☐ Difficulty participating in:
____
☐ Unable to participate in:
____

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

Stiffness:
☐ Yes ☐ No

Injection (if given at last visit):
☐ Has been very beneficial
☐ Helped somewhat
☐ No effect
☐ Lasted _____ weeks/ days/ hours

Physical Therapy:
☐ Improving
☐ Better
☐ About the same
☐ No change
☐ Worse
☐ Has not received

Medications Currently Taking for pain:
____

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