

SHOULDER FORM

HPI (SHOULDER) CAUTION: SIGNING IS NOT ENOUGH

Name: _____ Date: _____

SS#: _____ DOB: _____

Please circle the appropriate answer

RIGHT SHOULDER

LEFT SHOULDER

Describe your symptoms:

Rate your pain: NONE = 0 1 2 3 4 5 6 7 8 9 10 = SEVERE

LOCATION: FRONT

BACK

SIDE

QUALITY AND DURATION OF THE PAIN (PLEASE CIRCLE)

SHARP PAIN
THROBBING
CONSTANT

DULL PAIN
ELECTRICAL SHOCKS
INTERMITTENT

KNOTS
BURNING
TINGLING

STIFFNESS WHEN? _____
NUMBNESS WHERE? _____
SWELLING WHEN? _____
LOCKING WHEN? _____
CATCHING WHEN? _____
GIVING WAY WHEN? _____
WEAKNESS WHEN? _____
DIFFICULTY CARRY ? _____

HOW LONG HAS YOUR SHOULDER BOTHERING YOU? _____

WHEN DID YOU SYMPTOMS OCCUR? _____

WHAT MAKES YOUR SYMPTOMS BETTER?

REST THERAPY HEAT COLD BRACE/BANDAGE
EXERISE MEDICATION

HAVE YOU HAD ANY OTHER TREATMENT FOR THIS PROBLEM? YES/NO
IF YES PLEASE DESCRIBE: _____