

1. What was your chief complaint when you visited your doctor? _____

2. What do you think is the problem? _____

3. What does your doctor think is causing your shoulder pain? _____

4. Describe your pain (burning, sharp, etc.) _____

- 5a. Does anything make the pain worse? _____
- 5b. Does anything make the pain better? _____
6. Have you ever dislocated your shoulder? _____
7. Do you have any weakness? _____ Where? _____
8. Have you had shoulder surgery or arthroscopy? _____ When? _____
What was done? _____
9. Do you have arthritis in any of your joints? _____
10. Have you had any previous shoulder:
MRI's _____
When/where _____
Cat Scans? _____
When/Where _____
X-Rays _____
When/where _____