

New Shoulder Patient Intake Questionnaire

PLEASE PRINT

Please provide your referring physician's name, address (if known, if not list the city) and phone number (if known):

Are you Right handed or Left handed or ambidextrous? (please circle one)

What problem brings you in today (circle **ONE** item from each line below)?

Left Shoulder Right Shoulder Both (which side is worse?) _____

Pain Dislocation Unstable joint Decreased motion Other: _____

How long has your shoulder hurt? _____ (how many days, weeks, months, or years?)

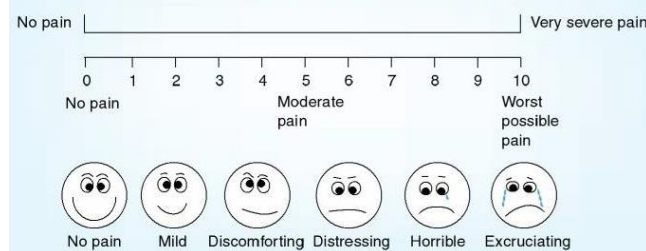
Was this shoulder problem the result of a specific injury or no specific injury?

(Generally injuries that occurred many years ago and did not causing constant disability can be considered no specific injury)

Yes, my injury was: _____

No specific injury

How severe would you rate your shoulder pain on a scale of 1 to 10? _____ (refer to scale below)

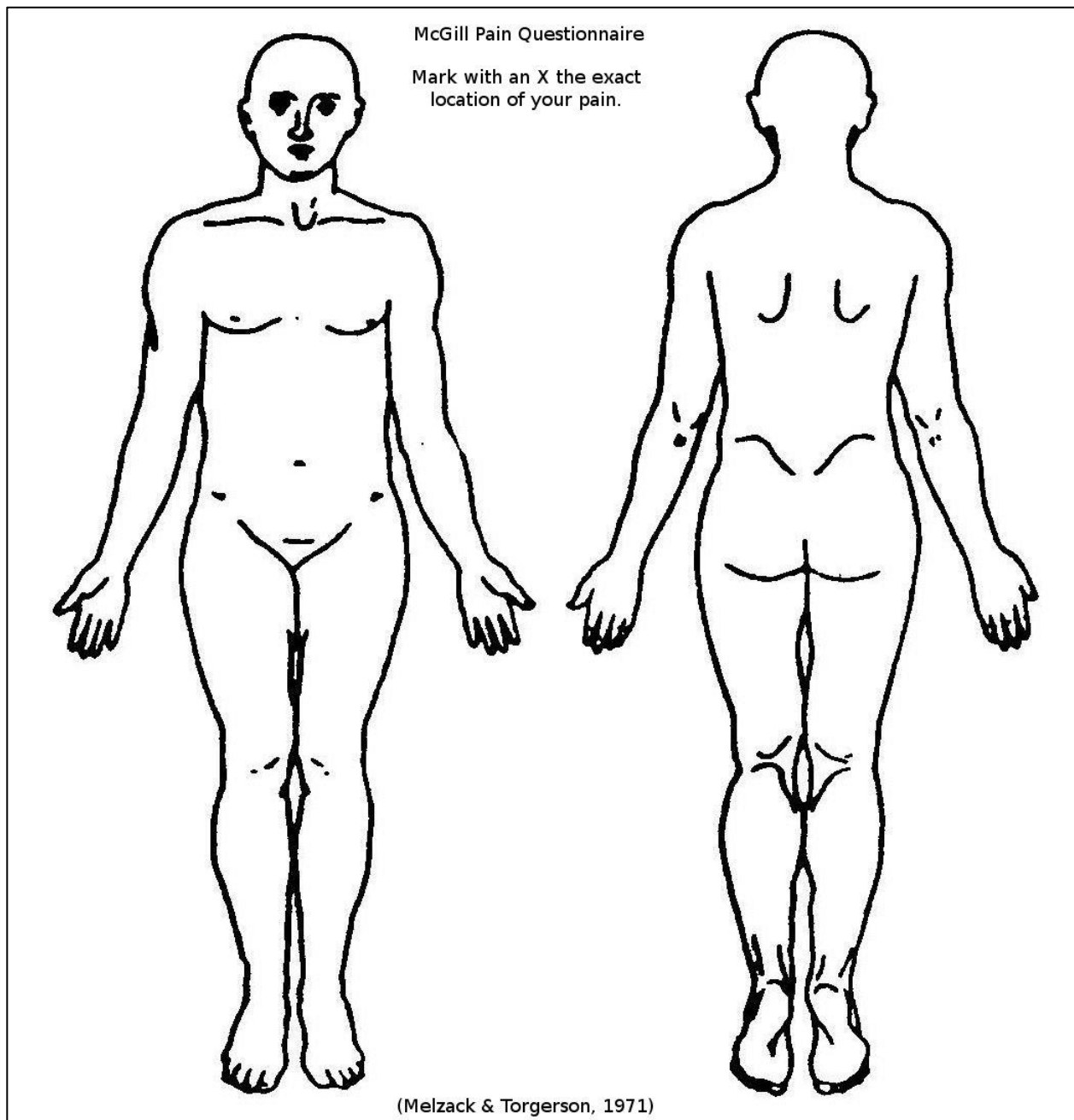


How would you rate your shoulder today as a percentage of normal (0% to 100% scale with 100% being normal)? _____%

Circle any previous treatments: Physical Therapy Injection Surgery

Have you taken NSAIDs? Yes No Did they help with your pain? Yes No

Examples of NSAIDs: ibuprofen (advil, Motrin), Naproxen (Naprosyn/Aleve), Diclofenac (Voltaren), Meloxicam (Mobic)



Please check all that apply:

CARDIOVASCULAR

- Chest Pain
- Irregular heart beat
- Poor circulation
- Dizziness
- Rapid heart rate
- Swelling of ankles

CONSTITUTIONAL

- Chills/fever
- Fainting
- Headache
- Loss of sleep
- Unplanned weight loss
- Loss of appetite
- Night sweats

ENDOCRINE

- Rapid weight loss/gain
- Intolerance to warm room
- Multiple broken bones
- Cessation of menstrual periods
- Excessive hunger/thirst
- Loss of libido
- Thyroid disease
- Diabetes
- Pregnant?
- Low Vitamin D

HEMATOLOGIC

- Swollen lymph nodes
- Easy skin bruising
- Prolonged bleeding from cuts, tooth extractions
- Blood clots in the past?
- Sickle cell disease

IMMUNOLOGIC

- θ Autoimmune disease
- θ Rheumatoid arthritis
- θ Psoriasis
- θ Ankylosing spondylitis
- θ Are you HIV positive?
- θ Joint infections in the past
- θ Bone infections in the past
- θ Chronic infections anywhere in the body

INTEGUMENTARY

- θ Skin rashes or eruptions
- θ Bruises
- θ Redness
- θ Draining wounds

MUSCULOSKETAL

- θ Multiple joint pains
- θ Lower back pain
- θ Neck pain
- θ Broken bones
- θ Joint replacements

NEUROLOGIC

- θ Fainting
- θ Headaches
- θ Numbness of arms or legs
- θ Electric pain in arms or legs
- θ Seizures
- θ Tingling of hands, feet, arms or legs
- θ Bowel incontinence
- θ Bladder incontinence (spilling urine abnormally)

PSYCHIATRIC

- θ Anxiety
- θ Depression
- θ Panic attacks
- θ Restlessness
- θ Bipolar disease
- θ Attempted suicide in the past

RESPIRATORY

- θ Cough
- θ Shortness of breath
- θ Wheezing
- θ Coughing up blood
- θ Pneumonia

DENTAL:

- θ Dental infections
- θ Gum disease

Do you have any **medical problems**? (Example: Diabetes, Cancer, Heart attack, Stroke, high blood pressure, gastroesophageal reflux, autoimmune disease, Rheumatoid arthritis, Thyroid problems, Marfans, Ehlers Danlos)

Have you ever had **surgery** in the past? (Example: Gall bladder removed, appendix removed, tonsils removed, broken bone surgical repair, pacemaker implanted, cancer surgery, spine surgery)

Current Medications:

Name of Medication	Dose	How often do you take it? Ex: twice a day, once a week

Allergies to medications and type of reaction:

Family History of Medical Problems: If yes, explain

- Father: Yes No
- Mother: Yes No
- Grandparents: Yes No
- Siblings: Yes No

Social History:

Do you smoke? Yes No If yes, how many packs per day? _____
(includes cigars/pipes/vaping)

Do you drink alcohol? Yes No If yes, how many drinks per week do you drink? _____

Do you use any other drugs? Yes No If yes, what substances do you use? _____
How often do you use these substances? _____

Occupation: _____

With whom do you live currently (circle one)?

Alone Parent(s) Spouse (significant other) Homeless Other: _____

**PLEASE LEAVE THIS SPACE BLANK
(for office use only)**

PE:

PLAN: