



**SHOULDER EVALUATION**

**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**DATE** \_\_\_\_\_ **BODY PART BEING SCANNED** \_\_\_\_\_

**THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY**

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

\_\_\_\_\_

2. What do you think caused the problem? \_\_\_\_\_

\_\_\_\_\_

3. What does your doctor think is causing your shoulder problem? \_\_\_\_\_

\_\_\_\_\_

4. Describe your pain: \_\_\_\_\_

5. Does anything make the pain worse? \_\_\_\_\_

6. Does anything make it better? \_\_\_\_\_

7. Do you have any weakness? Yes \_\_\_\_ No \_\_\_\_ Where? \_\_\_\_\_

8. Have you ever dislocated the shoulder being scanned today? Yes \_\_\_\_ No \_\_\_\_

9. Have you ever broken any bones in the shoulder being scanned today? Yes \_\_\_\_ No \_\_\_\_

10. Have you ever had surgery or arthroscopy to the area being scanned today? \_\_\_\_\_

If yes, what was done? \_\_\_\_\_ When? \_\_\_\_\_

11. Do you have arthritis in any of your joints? Yes \_\_\_\_ No \_\_\_\_

12. Do you have any other medical conditions? Yes \_\_\_\_ No \_\_\_\_

13. Describe your general health:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_