

PAIN SHEET

SHOULDER EVALUATION

LAST NAME	FIRST	MIDDLE INIT.	AGE	TODAY'S DATE

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: _____

 - a. Does anything make it worse? _____
 - b. Does anything make it better? _____
5. Do you have any weakness? _____ Where? _____

6. Have you ever dislocated the shoulder being scanned today? _____
7. Have you ever broken any bones in the shoulder being scanned today? _____
8. Have you had surgery or arthroscopy to the area being scanned today? _____
When? _____
What was done? _____
9. Do you have arthritis in any of your joints? _____
10. Do you have any other medical conditions? _____

11. Describe your general health: _____

