

(Place UT Label Here)

Patient Name: \_\_\_\_\_ Date of Visit: \_\_\_/\_\_\_/\_\_\_

Referred by: \_\_\_\_\_ Date of Injury / Onset: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_  NONE

Chief Complaint:  Left  Right Please Explain: \_\_\_\_\_

SINCE YOUR LAST VISIT ...

Have your symptoms:  Improved  Not Changed  Increased

Please Explain: \_\_\_\_\_

My current work status:  Full Duty  Light Duty  Not Able to Work

Please Explain: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING QUESTIONS.

SYMPTOMS: (Click on YES or NO to respond.)

- 1. Is your shoulder comfortable at your side?
2. Does your shoulder allow you to sleep comfortably?
3. Can you reach the small of your back to tuck in your shirt?
4. Can you place your hand behind your head with your elbow straight out to the side?
5. Can you place a coin on a shelf at shoulder level without bending your elbow?
6. Can you lift 1 lb. (a full pint container) to shoulder level without bending your elbow?
7. Can you lift 8 lbs. (a full gallon container) to shoulder level without bending your elbow?
8. Can you carry 20 lbs. at your side with the affected upper extremity?
9. Do you think you can toss a softball underhand 10 yards with the affected upper extremity?
10. Do you think you can toss a softball overhand 20 yards with the affected upper extremity?
11. Can you wash the back of your opposite shoulder with the affected upper extremity?
12. Would your shoulder allow you to work a full time job at your current regular job?

ACTIVITY: Do you have problems with the following?

- 1. Are you currently receiving physical therapy for the affected upper extremity?
2. Do your symptoms allow you to play sports?
3. Are you currently working?

FUNCTION:

(Click on the appropriate circle to respond.)

- 1. How would you rate your overall level of pain?
2. How would you rate your shoulder comfort with your arm at REST?
3. How would you rate your shoulder comfort during SLEEP?
4. How would you rate your overall level of shoulder function with the affected upper extremity?
5. How would you rate your ability to use your arm full time at work or for playing sports?
6. How would you rate your overall quality of life as is with your shoulder injury?

DO YOU PLAY SPORTS?  Yes  No What Sport? \_\_\_\_\_ Position: \_\_\_\_\_

WHAT LEVEL OF SPORT?  High School  College  Other \_\_\_\_\_

Where do you go to school? \_\_\_\_\_