All-Star Orthopaedics and Sports Medicine

Left Shoulder Questionnaire

Patient Name: _____ Date of Birth: _____ Date of Visit: _____

Primary Care Physician: _____ Referred by: _____

Date of Injury or Onset: _____ Occupation: _____

Please indicate answers by completely filling in the applicable circles.

Dominant Hand: ☐ LEFT ☐ RIGHT

Is there pain? ☐ YES ☐ NO

If YES, describe your pain: (**mark all that apply**)
☐ dull ☐ sharp ☐ stabbing ☐ burning ☐ aching
☐ throbbing ☐ shooting ☐ squeezing ☐ pressure ☐ crampy
☐ worsening ☐ better since onset

Pain is worse when: (**mark all that apply**) ☐ lifting ☐ reaching ☐ above shoulder level activity ☐ laying on the affected side

Pain is located: (**mark all that apply**) ☐ front ☐ back ☐ top ☐ side

Please rate your pain **0 = no pain** **10 = extreme pain**

Pain Today:	☐ **0**	☐ **1**	☐ **2**	☐ **3**	☐ **4**	☐ **5**	☐ **6**	☐ **7**	☐ **8**	☐ **9**	☐ **10**
Pain at Best:	☐ **0**	☐ **1**	☐ **2**	☐ **3**	☐ **4**	☐ **5**	☐ **6**	☐ **7**	☐ **8**	☐ **9**	☐ **10**
Pain at Worst:	☐ **0**	☐ **1**	☐ **2**	☐ **3**	☐ **4**	☐ **5**	☐ **6**	☐ **7**	☐ **8**	☐ **9**	☐ **10**

Was there an injury? ☐ YES ☐ NO If YES, was it work related? ☐ YES ☐ NO

What happened to your shoulder? _____

_____

_____

There is: (**mark all that apply**)
☐ locking or catching ☐ swelling ☐ popping ☐ stiffness or loss of motion
☐ increased warmth ☐ bruising ☐ redness ☐ numbness or tingling
☐ instability ☐ coming out of joint ☐ **none of the above**

On this shoulder, you have had prior: (**mark all that apply**)
☐ x-rays ☐ MRIs ☐ CT scans ☐ EMGs ☐ nerve studies ☐ surgery
☐ **none of the above**

Treatments Tried in the Past: (**mark all that apply**)
☐ anti-inflammatories ☐ brace ☐ splint
☐ pain medication ☐ fluid drained ☐ injection
☐ physical therapy ☐ **none of the above**

Please mark all activities in which you participate:

☐ football	☐ baseball	☐ softball	☐ basketball	☐ soccer
☐ hockey	☐ lacrosse	☐ volleyball	☐ cross country	☐ running
☐ swimming	☐ skiing	☐ tennis	☐ racquetball	☐ handball
☐ bowling	☐ golf	☐ horseback riding	☐ skateboarding	☐ surfing
☐ climbing	☐ rowing	☐ fishing	☐ yard work	☐ heavy housework
☐ video games	☐ guitar/bass	☐ piano	☐ drums	☐ musical instruments