**Name:**

**DOB:** **AGE:**

**Chart #:**

**Appt:**

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

Date of Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postop/Post injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Palliative** | | Ice Heat Meds: Other: | | | | |
| **Provocative** | | Lifting Raising Reaching Carrying Behind Dressing Hair Rest Night | | | | |
| **Quality of Symptoms** | | Pops Clicks Catches Swells Sharp Dull Throbs Aches Sore | | | | |
|
| **Radiation** | | Neck Shoulder Arm Forearm Hand Fingers N / T | | | | |
| **Severity** | | Constant Intermittent Pain: 0 1 2 3 4 5 6 7 8 9 10 | | | | |
| **Timing** | | Constant Intermittent Acute Chronic | | | | |
|  | **Left** | | | **Right** | |
|  | **AROM** | | **PROM** | **AROM** | **PROM**  **Special Tests:** |
| **FF** |  | |  |  |  |
| **ER** |  | |  |  |  |
| **IR** |  | |  |  |  |

**□ MRI □ CT □ PT/OT □ Flouro Guided Injection □ Cortisone Injection**

**□ OA □ Adhesive Capsulitis □ Rotator Cuff □ Instability**