

Shoulder Follow-up Worksheet

Name: _____ Age: _____

Occupation: _____

Treatments you would like to discuss: _____

Problem Shoulder/elbow:

- Right
- Left
- Both shoulders/elbow

Pain is getting:

- Worse
- Better
- Unchanged recently

How long ago were you seen for this problem?

Dominant hand:

- Right
- Left

What makes the pain better? Worse?

Pain is:

- Mild
- Moderate
- Severe

At our last visit our plan was to _____?

Anything else you would like us to know? _____

Doctor to fill out

ROM	FE	ER	IR
	R: _____	_____	_____
	L: _____	_____	_____

PLAN:

MRI	CT	INJ	Rest
Surgery	Meds	PT	