

Shoulder HPI

Today's Date: _____

Patient Name: _____ **DOB:** _____ **Hand Dominance:** Right Left
 Bilateral

Location:

What body part are you being seen for today? _____ Right Left Bilateral

Is this a fracture? Yes No

Quality:

How would you describe your pain? dull ache sharp numbness tingling radiating shocking
 other: _____

Severity: (Please answer one of the following)

On a scale of 0 – 10 (0= no pain, 10=intolerable) my pain is a _____. **(or)** My pain is mild moderate severe.

Duration:

If this began as a result of an injury, what was your date of injury? _____

If no known injury occurred, when did your symptoms begin? _____

Timing:

How often do your symptoms occur? daily weekly monthly morning evening after activity
 intermittent constant other _____

Context:

How did this injury or problem first occur? _____

Was this a result of an: Motor vehicle accident? Work injury? Other _____

What are you doing when you notice your symptoms? _____

Modifying Factors:

What aggravates (increases) your symptoms? use/movement lifting overhead activities reaching
 reaching behind pushing/pulling throwing carrying sleeping/laying on side
 sports: _____ other: _____

What relieves (decreases) your symptoms? ice heat rest elevation immobilization stretching
 other: _____

Associated signs and symptoms:

What other symptoms are associated with your pain? swelling popping/clicking catching/locking
 feels unstable weakness bruising other: _____

*Have you been seen by anyone else (ER, Family practice) regarding this problem? No Yes, Name & Specialty: _____

*Please list **any previous tests** (MRI, x-rays, CT scan, etc) or **treatments** (injections, PT, bracing, surgery, etc.) you have had for this problem (include dates & where performed): _____

*Have you ever had a previous injury or surgery to this area? No Yes, please describe (include dates): _____