SHOULDER HISTORY FORM Dr. Norman Klippenstein

Please circle or fill in appropriate answers, and bring to your appointment. Circle all that apply.

Name ____ Age ______

Height ________ Weight ___________ Occupation _________________________________

Dominant hand: Right Left Affected shoulder: Right Left Both Which is worse? _____

How long has there been a problem? ____

Was there an initial injury? No Yes If so, when? __________________________________

What happened? ____

Did this happen at work? No Yes Have you missed work because of it? ________________

Has there been a WCB claim? No Yes If so, what is the claim number?_________________

Any other insurance claims? (eg Autopac, Disability)

____

The main problem is: Pain Stiffness Weakness Instability Other____________________

If there is pain, is it: Intermittent Constant Present at rest Interfering with sleep

Where is the pain? Top of shoulder Front Back Upper arm Radiates to______________

The pain is worse with: Activity Reaching Overhead use Lifting Other______________

Does the shoulder: Pop/snap Clunk/grind Feel weak Feel unstable Limit activities

Do you ever have numbness in the hand or fingers? No Yes Which fingers?_____________

Has the shoulder ever come out of joint? No Yes How many times _____ Most recently______

Was it ever put back in place in hospital? No Yes Can you dislocate it yourself? No Yes

Since the problem started, is it: Better Worse About the same

What imaging has been done? (eg Xray, MRI) ____________________ Pending?___________

Have you had: Previous shoulder surgery? ____

Injections? __________________Physiotherapy? ______________________________

Do you take medication for the shoulder? No Yes Names ___________________________

Do you do sports/recreational activities that bother your shoulder? ______________________

History of: Diabetes High blood pressure Heart problems Breathing problems Do you smoke?

Previous surgery? ____

Medications?____Allergies_________

Thank you for completing this information sheet. It will help to facilitate your consultation.