

Return Shoulder Patient Form

UW Medicine

Bone and Joint Center – Shoulder and Elbow Team
4245 Roosevelt Way NE Seattle, WA 98105-6920 campus Box 354740

Affix Pt Label Here

Name _____ Date _____ Age _____

Please Circle one: Are you Right or Left Handed or Ambidextrous?

How did you hear about us? _____

Name:
U Number:
DOB:
DOS:

Requesting Physician

Name _____ UPIN # _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ email _____

Primary Care Physician

Name _____ UPIN # _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ email _____

If a **work related problem** please list your OWCP Claim# _____ or L&I Claim# _____

What brings you in today? _____

1. Where is the problem located? Right Left Both / Shoulder Elbow (please be specific)

2. If you have pain, please circle the description(s) that are most appropriate:

Sharp Throbbing Aching Burning Stabbing Heavy Dull

3. Please rate the intensity of your joint Pain/discomfort: (1 = No Pain, 10 = Severe Pain)

1 2 3 4 5 6 7 8 9 10

4. Is your pain getting better Gradually? Better Rapidly? Getting worse? Worse Gradually? Worse Rapidly?

5. What improves your symptom(s)? _____

6. What makes your symptom(s) worse? _____

Please list Pain Medications used	Dose	Times per day	Reason for taking
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. Are you having any: **Fevers Chills Nausea Vomiting**

2. Do you have any Heart conditions: YES NO _____

3. Do you have Diabetes: YES NO

4. Do you have any Breathing Problems: YES NO _____

5. Do you smoke or use tobacco? Yes No How many packs per week? _____

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Simple Shoulder Test

Dominant Hand (*fill in only one circles*): Right Left Ambidextrous

Please answer YES or NO for both of your shoulders

		RIGHT		LEFT			
		YES	NO	YES	NO		
1	Is your shoulder comfortable with your arm at rest by your side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	
2	Does your shoulder allow you to sleep comfortably?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	
3	Can you reach the small of your back to tuck in your shirt with your hand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	
4	Can you place your hand behind your head with the elbow straight out to the side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	
5	Can you place a coin on a shelf at the level of your shoulder without bending your elbow?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	
6	Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6	
7	Can you lift eight pounds (a full gallon container) to the level of your shoulder without bending your elbow?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7	
8	Can you carry twenty pounds at your side with the affected extremity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8	
9	Do you think you can toss a softball under-hand twenty yards with the affected extremity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9	
10	Do you think you can toss a softball over-hand twenty yards with the affected extremity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10	
11	Can you wash the back of your opposite shoulder with the affected extremity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11	
12	Would your shoulder allow you to work full-time at your regular job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12	

Office Use Only – For Physician to Fill Out													
	DJD	SDJD	RA	FS	PTSS	AVN	CA	CTA	SA	PTCL	RCT	TUBS	AMBRII
R	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other:												
L	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other:												

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Simple Elbow Test

Dominant Hand (*fill in only one circles*): Right Left Ambidextrous

Please answer YES or NO for both of your elbows

		RIGHT		LEFT		
		YES	NO	YES	NO	
1	Is your elbow comfortable with your arm at rest by your side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
2	Does your elbow allow you to sleep comfortably?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
3	Does your elbow allow you to reach the small of your back to tuck your shirt in?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
4	Can you place your hand behind your head with the elbow straight out to the side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
5	Will your elbow allow you to pull on socks or stockings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
6	Does your elbow allow you to lift one pound to the level of your shoulder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6
7	Can you use your arm to help you rise from a chair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
8	Will your elbow allow you to carry 20 pounds at your side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8
9	Will your elbow allow you to comb your hair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9
10	Will your elbow allow you to throw a ball with this arm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
11	Will your elbow allow you to wash the back of your opposite shoulder?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
12	Would your elbow allow you to work full-time at your regular job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12

Office Use Only – For Physician to Fill Out										
R	Cont	INST	FInR	TeEl	DiBi	LoBo	TraA	RheA	FArh	UlnN
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:										
L	Cont	INST	FInR	TeEl	DiBi	LoBo	TraA	RheA	FArh	UlnN
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:										