

# New Patient Intake Form

Name: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Worker's Comp (circle):    Yes    No

Auto claim (circle)    Yes    No

## **SHOULDER/ELBOW QUESTIONS:**

What are you here for today:

SHOULDER

ELBOW

Which shoulder/elbow bothers you?

Right

Left

Both

Are you 'right-handed' or 'left-handed'?

Right

Left

Ambidexterous

How long have you had shoulder/elbow pain? \_\_\_\_\_ days / weeks / months / Years

How did you injure your shoulder/elbow? \_\_\_\_\_

Date of Injury? \_\_\_\_\_

What percent of a 'normal' shoulder/elbow is your:    Right \_\_\_\_\_ %                      Left \_\_\_\_\_ %

Have you had physical therapy? (circle)    Yes    No                      How many sessions? \_\_\_\_\_

Have you had injections? (Circle)                      Yes    No                      How many? \_\_\_\_\_

Do you take pills for pain?                      Yes    No                      If yes, what? \_\_\_\_\_

At its ***WORST?***

Pain scale (0=no pain, 10=worst pain): 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Does the pain wake you from sleep?                      Yes                      No

Does your shoulder/elbow feel unstable (loose?)                      Yes                      No

Does your shoulder/elbow fee stiff?                      Yes                      No

## **PRIOR SHOULDER/ELBOW SURGERIES:**

Review of Symptoms: (circle if applicable): weight loss/gain, fever/chills/sweats, frequent headaches, ringing of ears, cough, chest pain/pressure, urinary frequency, depression, stomach problems, thyroid problems, anemia, swollen glands, other joint or muscle pain

## **Social History: (circle where appropriate)**

Occupation: \_\_\_\_\_

Recreational/Competitive Sports (list): \_\_\_\_\_

## **Past History: (Circle where appropriate)**

Shoulder problems:    Yes                      No                      If yes, what? \_\_\_\_\_

Heart problems:                      Yes                      No

Diabetes:                      Yes                      No

Kidney problems:                      Yes                      No

Do you form keloids (a large scar when skin is injured)?                      Yes                      No