



Department of Orthopaedic Surgery & Rehabilitation

Shoulder Database

IMPORTANT - Please complete the entire form. If you need help in filling out the form, we are happy to help.

Date: _____

Name: _____ Date of Birth: _____

Address: _____ MR # _____

Height: _____ Weight: _____ Sex: M _____ F _____ Age: _____

Primary MD: _____

Primary MD Address: _____

Referring MD: _____

Referring MD Address: _____

Employer Name: _____

Occupation: _____

Insurance Plan: _____

MEDICAL HISTORY

Previous Hospitalizations/Surgeries (*Enter Year and Reason*)

_____		_____
_____		_____
_____		_____

Medical Problems: _____

Allergies/Reaction: (Include the medication or food allergy and the reaction) _____

Current Medications: (Include name and dose of all medications, including over-the-counter, antacids, laxatives, birth control pills and vitamins)

REVIEW OF SYSTEMS

Do you have currently or ever have the following?

General:

Unexplained weight loss/gain No Yes

Recurrent/Unexplained fevers/chills No Yes

Cardiovascular:

Chest Pain No Yes

Dizzy Spells No Yes

Irregular Heart Rate No Yes

High Blood Pressure No Yes

Respiratory:

Persistent Cough No Yes

Shortness of Breath No Yes

Wheezing No Yes

Blood in sputum No Yes

Lung disease No Yes

Asthma No Yes

Hay fever No Yes

Tuberculosis No Yes

Skeletal:

Pain No Yes

Joint swelling No Yes

Scoliosis No Yes

Back/Neck problems No Yes

Neurological:

Unconsciousness No Yes

Hematological:

Bruise easily No Yes

Blood clots No Yes

Immunologic:

Recurrent infections
requiring antibiotics No Yes

Psychological:

Depression/Anxiety No Yes

Sleep problems No Yes

continued

Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow? No Yes

Can you lift eight pounds (a full gallon container) to the level of the top of your head without bending your elbow? No Yes

Can you carry 20 pounds (bag of potatoes) at your side with the affected extremity? No Yes

Do you think you can toss a softball underhand 10 yards with the affected extremity? No Yes

Do you think you can throw a softball overhand 10 yards with the affected extremity? No Yes

Can you wash the back of your opposite shoulder with the affected extremity? No Yes

Does your shoulder allow you to work full-time at your regular job? No Yes

Does your shoulder feel unstable (as if it is going to dislocate)? No Yes

How unstable is your shoulder? Very stable—○—○—○—○—○—○—○—○—○—○—Very unstable

CIRCLE THE NUMBER IN THE BOX THAT INDICATES YOUR ABILITY TO DO THE FOLLOWING ACTIVITIES:

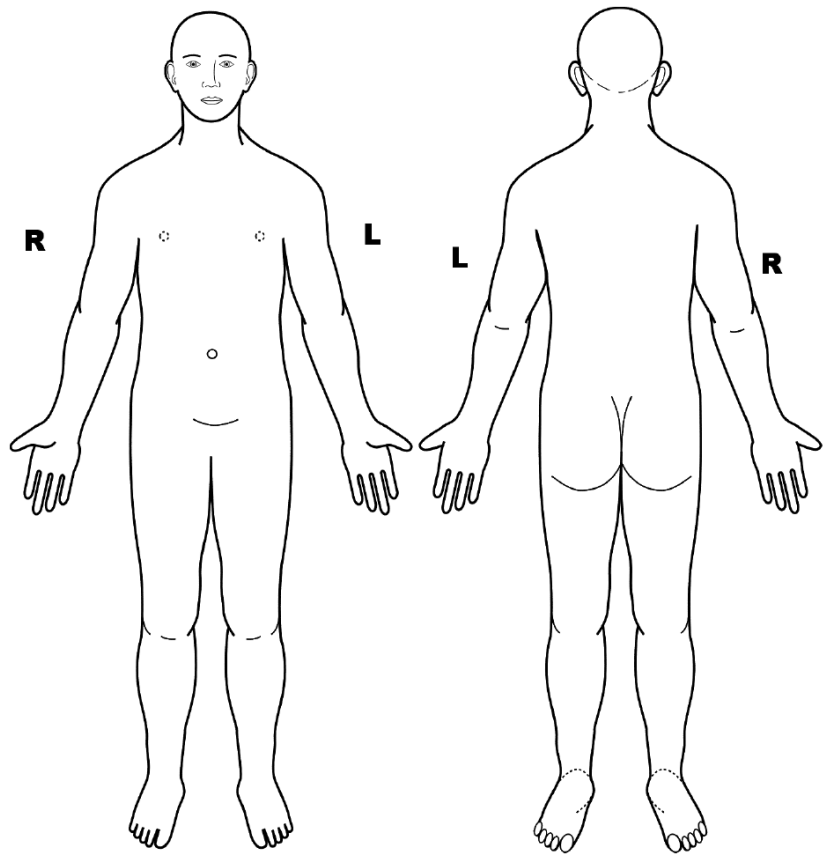
0 = unable to do 1 = very difficult to do 2 = somewhat difficult 3 = not difficult at all

Activity	Right Arm				Left Arm			
Put on a coat	0	1	2	3	0	1	2	3
Sleep on your painful or affected side	0	1	2	3	0	1	2	3
Wash back / clasp bra in back	0	1	2	3	0	1	2	3
Manage toileting	0	1	2	3	0	1	2	3
Comb hair	0	1	2	3	0	1	2	3
Reach a high shelf	0	1	2	3	0	1	2	3
Lift 10 pounds above your shoulder	0	1	2	3	0	1	2	3
Throw a ball overhand	0	1	2	3	0	1	2	3
Do usual work.								
List: _____	0	1	2	3	0	1	2	3
Do usual sport.								
List: _____	0	1	2	3	0	1	2	3

DIAGRAM

Mark the areas on the picture below where you feel the described sensations.

Use the markings below to indicate sensations
Pain: **XXXXXXX**
Numbness: **0000000**
Pins & Needles: **+++++++**
Burning: **BBBBBBB**
Stabbing: **////////**



This information is intended for distribution to individual patients of Loyola Medicine. It is not intended for general use by the public and should not be used for diagnosing or treating a health problem or disease without consultation of a qualified healthcare professional.

For more information on health topics and Loyola services, please visit our website at www.loyolamedicine.org

A Member of Trinity Health

© 2019 Loyola University Health System. All Rights Reserved. • March 2019 • 20180913-01



**LOYOLA
MEDICINE**

2160 S. First Ave. ▪ Maywood, IL 60153
888-584-7888 ▪ loyolamedicine.org