



GP THERAPY, LLC D.B.A.

# GERMANTOWN PHYSICAL THERAPY

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Patient: \_\_\_\_\_ Region: **Shoulder**

1. Describe your pain (sharp, dull, radiating, etc) \_\_\_\_\_
2. When and how did it start? \_\_\_\_\_
3. What makes it better? Worse? \_\_\_\_\_
4. Have you had other treatment for this condition? If so, what kind? \_\_\_\_\_
5. Rate your average pain intensity over the past week on the 0 to 10 scale with 10 being the worst pain imaginable. \_\_\_\_/10
6. Average number of times you wake each night due to **shoulder** pain. \_\_\_\_\_

*For questions 7 through 16, circle the number that best describes your level of difficulty with the following activities. 0 indicates no difficulty, whereas 10 indicates the inability to perform the activity at all.*

	No Difficulty										Extreme Difficulty											
7. Putting on a pullover shirt	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
8. Putting on a button down shirt or a coat	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
9. Reaching behind your back to fasten your bra	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
10. Putting on a belt	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
11. Removing an object from your back pocket	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
12. Washing/brushing your hair	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
13. Reaching to the back of your opposite _____ shoulder with the affected extremity	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
14. Driving a car	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
15. Putting on a car seatbelt	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
16. Reaching for something on a high shelf	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

17. What is your current occupation? \_\_\_\_\_

18. Does your pain affect your occupation? If so, how? \_\_\_\_\_

19. Does your pain affect home life? If so, how? \_\_\_\_\_

20. Does your pain affect your recreation/leisure/sports? If so, how? \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_