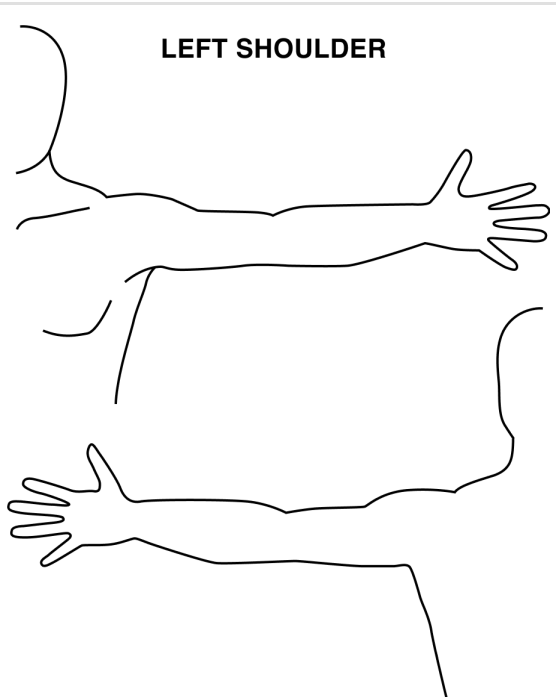
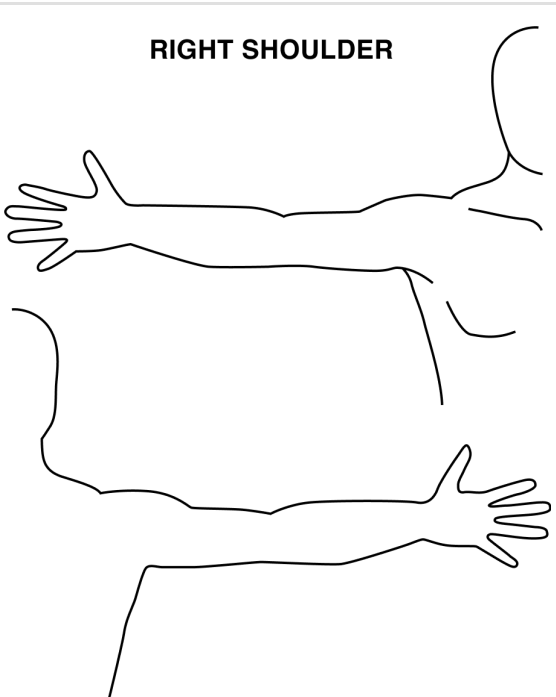


Shoulder Pain Diagnosis Chart

Patient name: _____ Date: _____

Date of birth: _____ Patient ID: _____

LEFT SHOULDER	RIGHT SHOULDER
	

Location: _____

Symptoms

Stabbing, sharp, or shooting pain	Burning pain
Dull or aching pain	Numbness or pins and needles
Other: _____	

Other relevant information

Medical history	Physical examination

Tests requested

X-ray	EMG
MRI	Ultrasound
CT scan	Shoulder arthroscopy
Arthrogram	Other: _____

Results	
Notes	
Provider's name:	Designation:
Provider's signature:	Date: