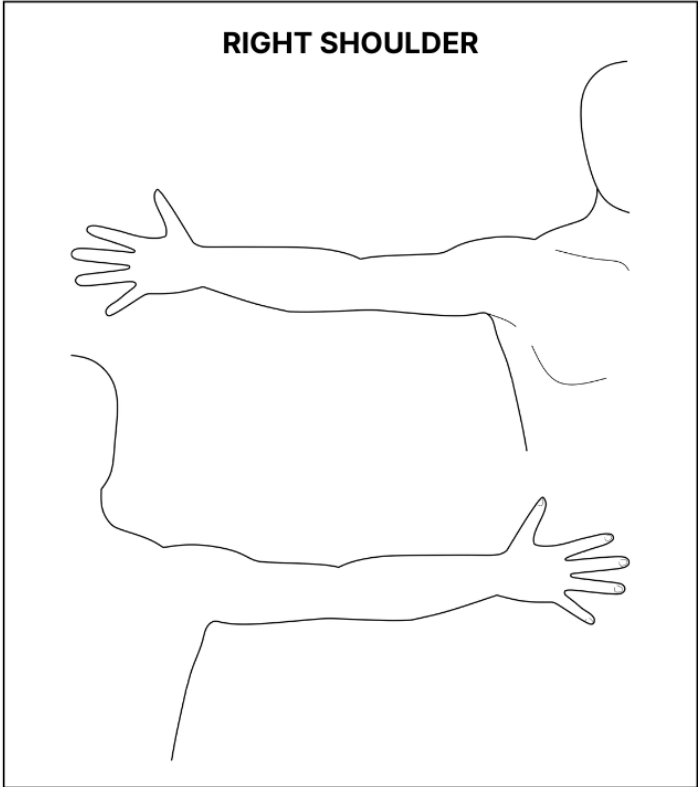
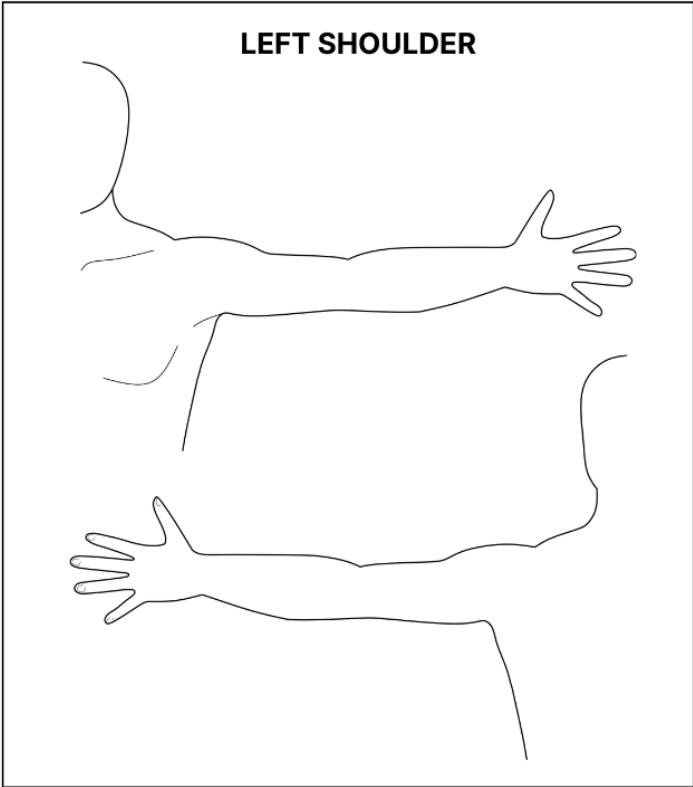


# Shoulder Pain Diagnosis Chart

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Date: \_\_\_\_\_



- Stabbing, Sharp, or Shooting Pain
- Burning Pain
- Dull or Aching Pain
- Numbness or Pins and Needles

**Notes**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature \_\_\_\_\_