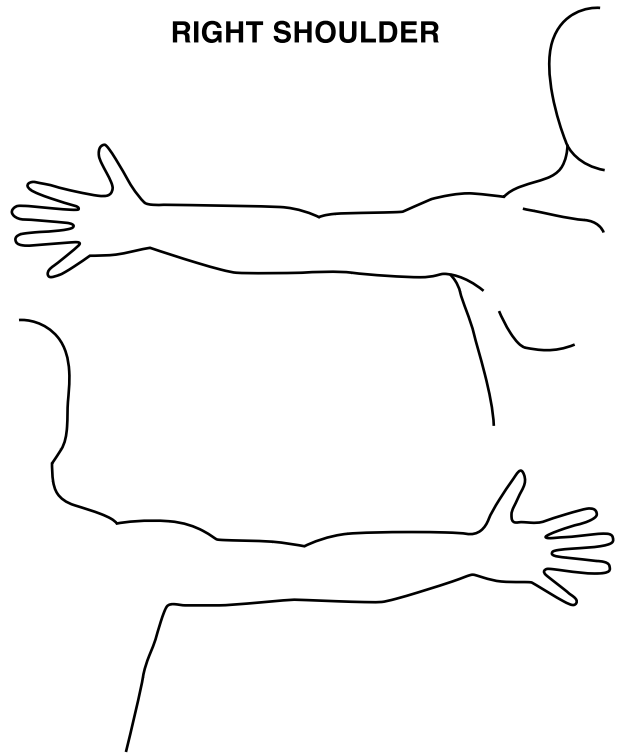
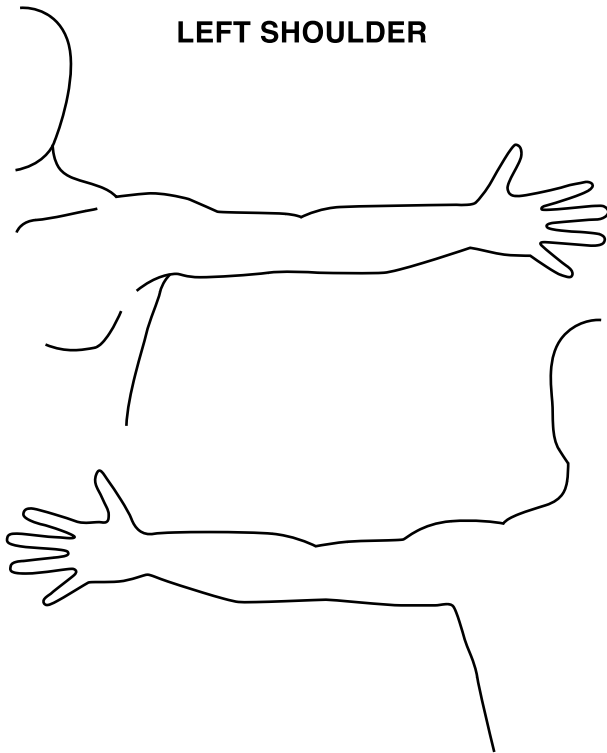


# Shoulder Pain Diagnosis Chart

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: \_\_\_\_\_