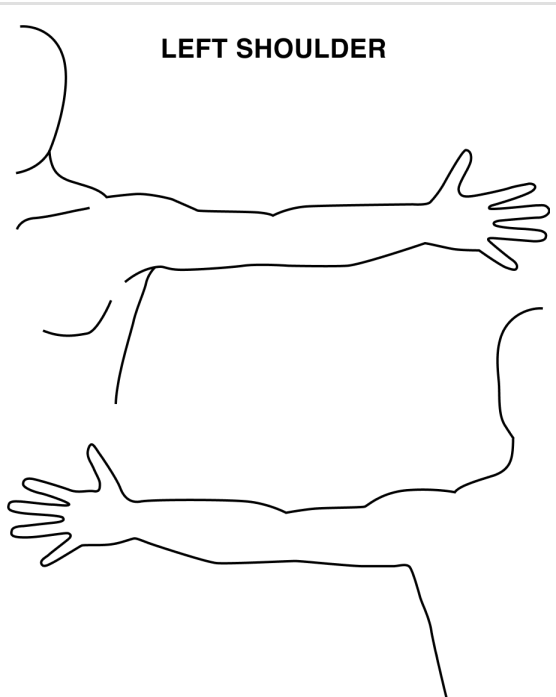
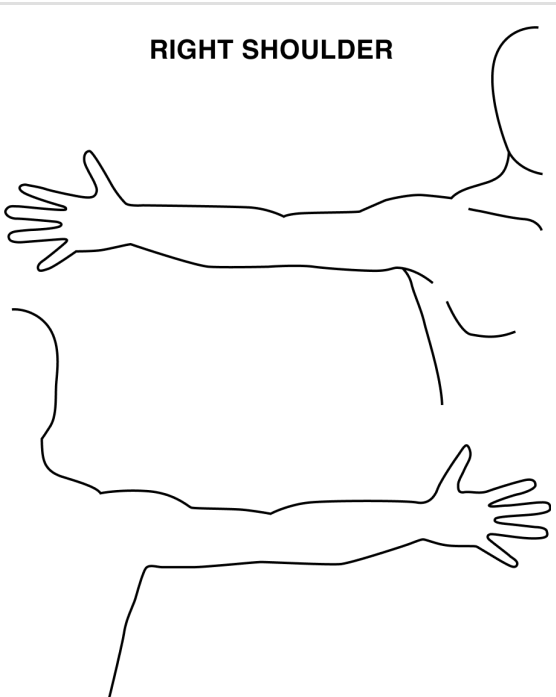


# Shoulder Pain Diagnosis Chart

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: _____

<b>Results</b>	
<b>Notes</b>	
Provider's name:	Designation:
Provider's signature:	Date: