Affix pt label here

Worcestershire NHS
Acute Hospitals NHS Trust

HISTORY SHEET (SHOULDERS)
** New patients only **

Age _____

Dominance • Right handed • Left handed

Occupation _____ or • Retired

Hobbies/Sports _____

Affected side • Right • Left

Neck problems • No • Yes, state any issues _____

Duration of symptoms _____months

Smoker
- No
- Yes _____/day • Ex-smoker, since_____

Alcohol • No • Yes _____ units/day

Diabetic • No • Yes, type_____

Major health problems List here

On blood thinning tablets
e.g., Clopidogrel, Apixaban, Warfarin, etc
- No
- Yes, name _____

Previous injections to shoulder
- No
- Yes, how many _____

Previous surgery to shoulder
- No
- Yes, what surgery _____

Physiotherapy history
- No
- Yes, how many sessions so far _____