UMDNJ
NEW JERSEY MEDICAL SCHOOL
University of Medicine & Dentistry of New Jersey

NORTH JERSEY ORTHOPAEDIC INSTITUTE
Department of Orthopaedics

Shoulder Evaluation Form

Patient Name: _____ DOB:_____ Age:_____
Last First Middle Intial

Home Telephone #_____ Date of Visit _____/_____/_____

Referring Doctor: Physician Name:_____

Physician Address:_____

_____

Physician Telephone #:_____

Primary Care or Family Physician Name:_____

Address:_____

_____

Telephone #: _____

Pharmacy Name:_____ **Pharmacy Telephone #**_____

Type of Sport(s) _____

Level of Sports: N/A ☐ Recreational ☐ High School ☐ Collegiate ☐ Professional ☐

Medical History / Review of Systems:

Today's Date ____/____/_____

Reason for seeing the doctor today? Injured Area (Body Part):_____

Chief Complaint:_____

Date of Injury ____/____/_____Please check if no known date of injury _____

How did the injury /accident occur?_____

Any treatment or test to date, please check all that apply

____MRI ____CAT Scan ____X-ray _____Physical Therapy _____Surgery _____Other

Have you ever had the same or a similar injury? ____NO_____YES, if so when____/_____/_____

Were you out of work due to this accident/injury? ____NO _____YES

If yes, when? From:_____ To:_____

Were you seen by another physician for this injury _____NO _____YES

If yes: Physician Name:_____

Physician Address:_____

_____

Physician Telephone #:_____

American Shoulder and Elbow Surgeons' Shoulder Form

Patient self-evaluation section: (to be filled out by patient)

Today's Date: ____/____/____ Date of Injury ____/____/___ Please check if no known date of injury _____

PAIN:

Please rate the pain in your shoulder

5 (none)	4 (slight)	3 (after unusual activity)	2 (moderate)	1(marked)	0 (complete disability)	Not applicable
☐	☐	☐	☐	☐	☐	☐

ABILITY TO FUNCTION:

Please rate each of the following:

1) Ability to use your pocket

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

2) Ability to perform rectal hygiene.

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

3) Ability to wash opposite underarm

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

4) Ability to eat with a utensil

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

5) Ability to comb or brush hair

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

6) Ability to use arm at shoulder level

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

7) Ability to carry 10-15 lbs. with arm at side

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

8) Ability to dress

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

9) Ability to sleep on shoulder

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

10) Ability to pull things toward you with the shoulder

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

11) Ability to use hand overhead

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

12) Ability to throw overhand

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

13) Ability to do lifting

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

14) Ability to perform your usual work, please specify work _____

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

15) Ability to perform at your sport, please specify sport_____

4(normal)	3(mild compromise)	2(difficult)	1(with aid)	0 (unable)	Not applicable
☐	☐	☐	☐	☐	☐

PAIENT RESPONSE TO TREATMENT (POSTOPERATIVE OR FOLLOW UP APPOINTMENT)

3 (much better)	2 (better)	1 (same)	0 (worse)	Not applicable
☐	☐	☐	☐	☐

UCLA End-Result Shoulder Score

Pain: Score:_____

1	Present all of the time & unbearable; strong medication frequently
2	Present all of the time, but bearable; strong medication occasionally
4	None or little at rest, but present during light activities (NSAIDs frequently)
6	Present during heavy or particular activities only (NSAIDs occasionally)
8	Occasional & slight
10	None

ADLS: Score:_____

1	Unable to use limb
2	Only light activities possible
4	Able to do light housework or most activities of daily living
6	Most housework, shopping, and driving possible; able to do hair and dress/undress, including bra
8	Slight restrictions only; able to work above shoulder level
10	Normal activities

Pain scale: (please the number that applies)

0	1	2	3	4	5	6	7	8	9	10
(no pain)										(worst pain)