## History of Present Illness

### Why are you here today? (Select one)
- an injury at work
- pain
- a fall
- an injury during sports
- a surgery
- an injury during a MVA
- weakness

**Additional Comments:**

**On what date did this occur?**

### Do you have pain?
- Yes
- No

**Which side? (Select all that apply)**
- left
- right

**Where is this pain located? (Select all that apply)**
- shoulder
- upper arm
- elbow
- forearm
- wrist
- hand
- finger

**What makes this pain worse? (Select all that apply)**
- reaching
- gripping
- pushing/pulling
- lifting
- sit to stand
- dressing/grooming

**What makes this pain better? (Select all that apply)**
- nothing
- rest
- ice
- heat
- elevation
- pain medication
- bracing
- immobilization
- cortisone injections

**How would you describe this pain? (Select all that apply)**
- dull
- sharp
- aching
- throbbing
- shooting
- constant
- intermittent

### Do you have other symptoms?
- Yes
- No

**What are the symptoms? (Select all that apply)**
- swelling
- instability
- radiation
- catching
- locking
- grinding
- stiffness
- popping
- right pain
- bruising
- discoloration

**What hand is dominant? (Select one)**
- right handed
- left handed
- ambidextrous (both)

**Have you had any diagnostic tests done? (Select all that apply)**
- Yes
- No
- Xray
- CT
- MRI

### Do you currently have numbness and tingling?
- Yes
- No

**If yes, where? (Select all that apply)**
- right upper extremity
- left upper extremity

**Additional Comments:**
### Home Environment

How would you rate your health?  
- excellent  
- good  
- fair  
- poor

Do you exercise regularly?  
- does  
- does not

How many falls have you had in the past 6 months?  
- 0  
- 1 to 2  
- >3

What is your employment status?  
- employed  
- unemployed  
- retired

If yes, what do you do for a living?  

Do you live alone?  
- alone  
- with someone

Do you require assistance at home?  
- Yes  
- No

Do you have stairs at home?  
- Yes  
- No

If yes, how many?  
- 1-8  
- 9-15  
- >15

Where is the railing as you go up the stairs? (Select all that apply)  
- left  
- right

### Goals/Followup

What are your goals for therapy?  

When are you scheduled to return to the doctor for follow-up?  
- as needed  
- within 1 month  
- after completion of therapy

Additional Comments: