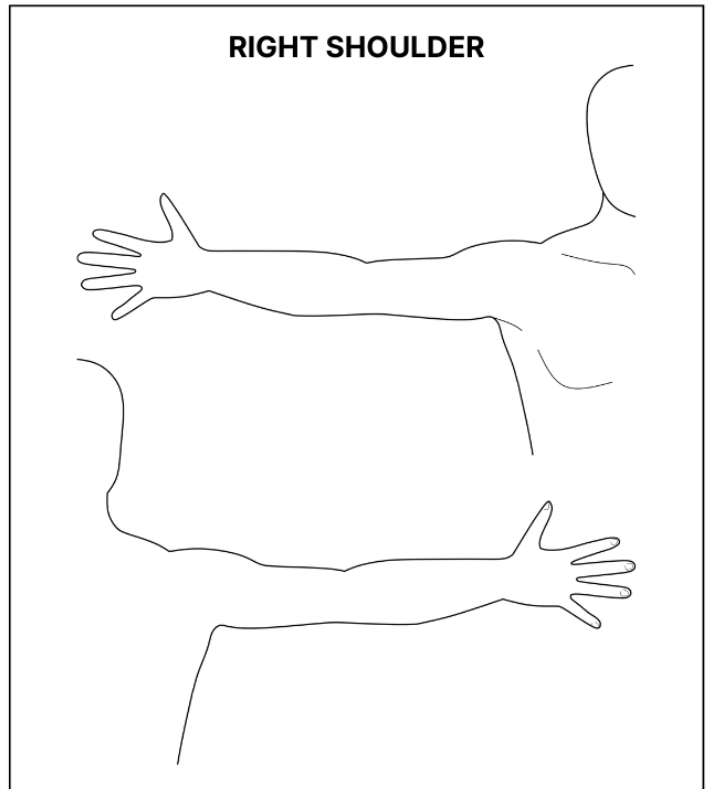
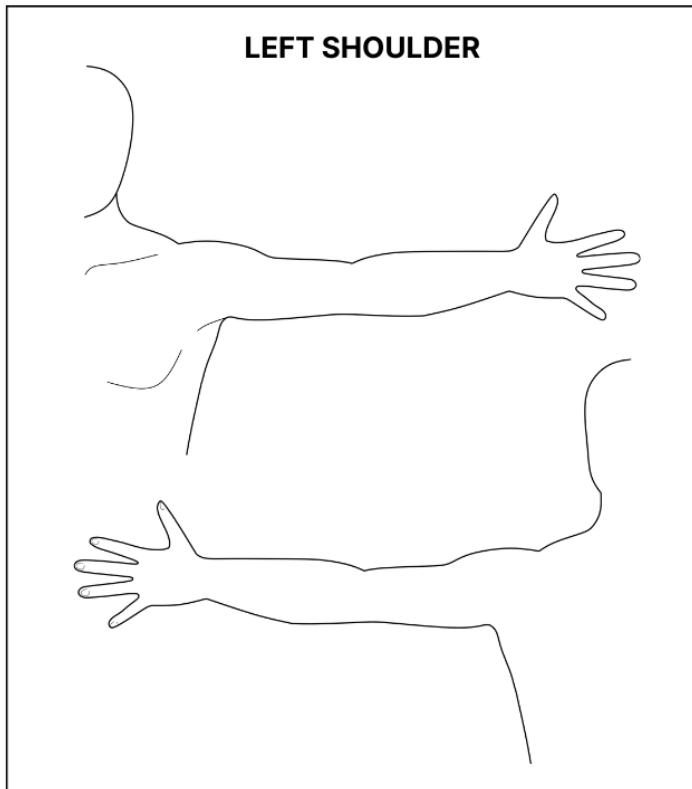


Shoulder Pain Diagnosis Chart

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 _____