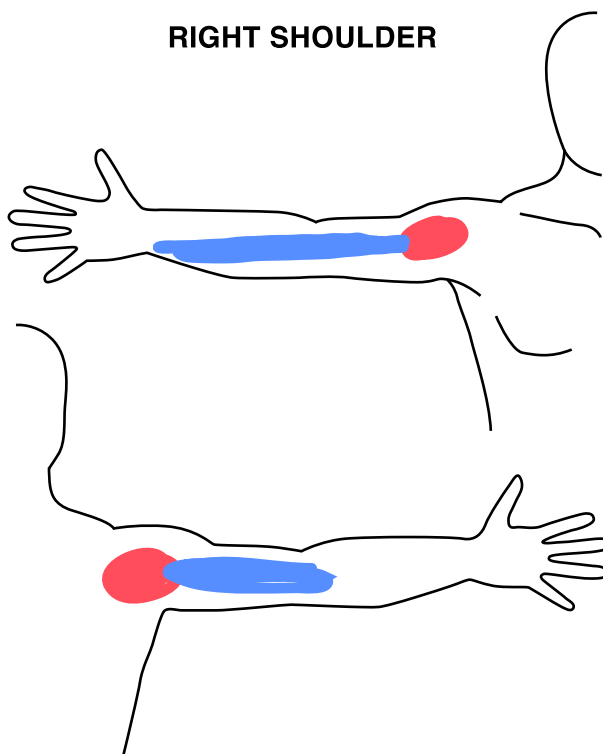
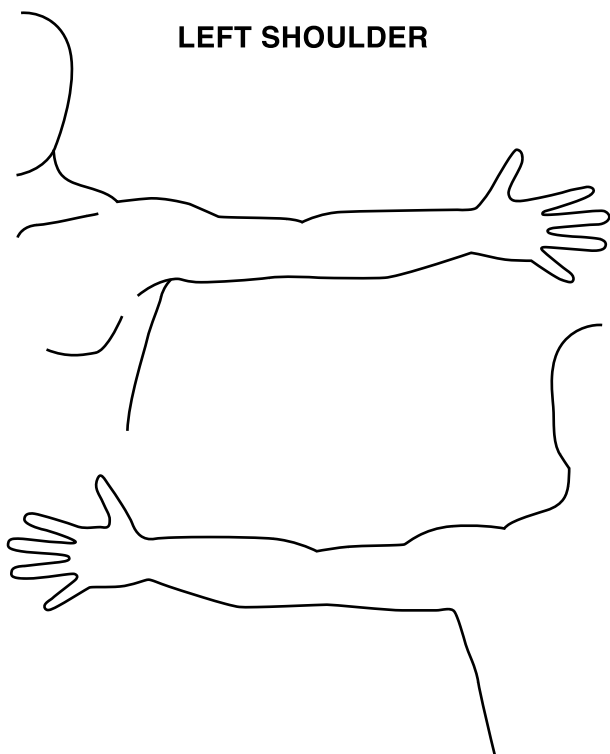


Shoulder Pain Diagnosis Chart

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: _____