


Shoulder Physical Therapy Clinical Assessment Questions

AC Joint Injury, Adhesive Capsulitis, Biceps Tendon Injury, Shoulder Fracture, Labral Tears, Pectoralis Major Tear, Rotator Cuff Injury, Shoulder Arthritis

 The questions listed below are for reference only. **PLEASE DO NOT FAX THIS DOCUMENT.**

Patient Information	First name	Last name
	Member ID	Date of birth (MM/DD/YYYY)

Which service are you requesting?

- Post-Operative Care Initial Post-Operative Care Subsequent

Pectoralis Major Tear

SECTION 1: Fill out this section if requesting conservative initial visits.

Question 1	Which side is symptomatic? (Required, fill in all that apply) <input type="checkbox"/> Left <input type="checkbox"/> Right
Question 2	What is the patient's ASES Shoulder Score? For example, if the patient's score is 36.5%, enter 36.5. (Optional, write numeric value below)