



# Reading Shoulder Unit

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## Reading Shoulder Unit - New Patient Questionnaire

Name	
Date of Birth	
Gender	Male / Female / Other
Weight (Kg)	
Height (cm)	
Hand Dominance	Right / Left / Ambidextrous
Work/Occupation	
Participation in sports	Yes / No
Which Sports - Type of sports	
Duration	
Times per week	
Do You suffer from Diabetes Mellitus?	Yes / No If Yes, Insulin dependent? Yes / No
Do You suffer from Hypertension?	Yes / No
Any other medical condition?	Yes / No
Details:	
Do you currently smoke:	Yes / No
If Yes, - How many cigarettes /day	
Have you ever smoked	Yes / No
Do you currently consume alcohol	Yes / No
How many units of alcohol do you drink per week	

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