Return Dr. Warme Form

UW Medicine

Eastside Specialty Center – Dr. Winston J Warme
1700 116th Ave NE / Bellevue, WA / 425-646-7777

Affix Pt Label Here

Name:
U Number:
DOB:
DOS:

Name _____ Date _____ Age _____

Requesting Physician

Name _____ **UPIN #** _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ email _____

Primary Care Physician

Name _____ **UPIN #** _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ email _____

Chief Complaint - Please describe the problem that brings you into the office today:

Social History

Tobacco Use

Mark Only One:	Packs per day:	Years:	Date quit:	Types:
☐ Never	☐ 0.5	☐ 5	_____	☐ Cigarettes
☐ Quit	☐ 1	☐ 10		☐ Pipe
☐ Passive	☐ 1.5	☐ 15		☐ Cigars
☐ Yes	☐ 2	☐ 20		☐ Snuff
	☐ _____	☐ _____		☐ Chew

Medications

Please all list Pain Medications used	**Dose**	**Times per day**	**Reason for taking**

UW Medicine

Eastside Specialty Center – Dr. Winston J Warme
1700 116th Ave NE / Bellevue, WA / 425-646-7777

Please Check one: ☐Right Handed ☐Left Handed ☐Ambidextrous

Is this a work related problem? ☐Yes ☐No

If a **work related problem** please list your OWCP Claim# _____ or L&I Claim# _____

History of Present Illness

1. Location - where is the problem located?

☐ Right Side ☐ Shoulder ☐ Knee

☐ Left Side ☐ Elbow ☐ Ankle

☐ Both Sides ☐ Other _____

2. Severity - Please rate the intensity of your joint Pain/discomfort: (1 = No Pain, 10 = Severe Pain)

1 2 3 4 5 6 7 8 9 10

3. Context - How did this problem begin? _____

_____

4. Modifying Factors -

What makes your symptom(s) worse?

☐ Using affected side

☐ Work

☐ Exercise

☐ Don't know

☐_____

What improves your symptom(s)?

☐ Rest ☐ _____

☐ Ice

☐ Heat

☐ Exercise

☐ NSAIDs (anti-inflammatories)

Review of Systems

1. Are you having any: ☐ **Fevers** ☐ **Chills** ☐ **Nausea** ☐ **Vomiting**
2. Do you have any Heart Conditions: ☐ YES ☐ NO Specify:_____
3. Do you have any Breathing Problems: ☐ YES ☐ NO Specify_____
4. Do you have Diabetes: ☐ YES ☐ NO Specify_____

SANE Score

How would you rate your affected and opposite extremity today as a percentage of normal (0% to 100% scale with 100% being normal)?

Right Side:_____% Left Side:_____%

Affix Pt Label Here

Name:
U Number:
DOB:

UW Medicine

Eastside Specialty Center – Dr. Winston J Warme
1700 116th Ave NE / Bellevue, WA / 425-646-7777

If you have a shoulder problem,
please fill out this Simple Shoulder Test
for BOTH of your shoulders.

Simple Shoulder Test

Please answer YES or NO for **BOTH** of your shoulders		RIGHT		LEFT		
		YES	NO	YES	NO	
1	Is your shoulder comfortable with your arm at rest by your side?	☐	☐	☐	☐	1
2	Does your shoulder allow you to sleep comfortably?	☐	☐	☐	☐	2
3	Can you reach the small of your back to tuck in your shirt with your hand?	☐	☐	☐	☐	3
4	Can you place your hand behind your head with the elbow straight out to the side?	☐	☐	☐	☐	4
5	Can you place a coin on a shelf at the level of your shoulder without bending your elbow?	☐	☐	☐	☐	5
6	Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow?	☐	☐	☐	☐	6
7	Can you lift eight pounds (a full gallon container) to the level of your shoulder without bending your elbow?	☐	☐	☐	☐	7
8	Can you carry twenty pounds at your side with this extremity?	☐	☐	☐	☐	8
9	Do you think you can toss a softball under-hand twenty yards with this extremity?	☐	☐	☐	☐	9
10	Do you think you can toss a softball over-hand twenty yards with this extremity?	☐	☐	☐	☐	10
11	Can you wash the back of your opposite shoulder with this extremity?	☐	☐	☐	☐	11
12	Would your shoulder allow you to work full-time at your regular job?	☐	☐	☐	☐	12

Affix Pt Label Here

Name:
U Number:
DOB:

V 25.5Nov09

UW Medicine

Eastside Specialty Center – Dr. Winston J Warme
1700 116th Ave NE / Bellevue, WA / 425-646-7777

If you have an elbow problem,
please fill out this Elbow Shoulder Test
for BOTH of your elbows.

Simple Elbow Test

	Please answer YES or NO for **BOTH** of your elbows	RIGHT YES	RIGHT NO	LEFT YES	LEFT NO	
1	Is your elbow comfortable with your arm at rest by your side?	☐	☐	☐	☐	1
2	Does your elbow allow you to sleep comfortably?	☐	☐	☐	☐	2
3	Does your elbow allow you to reach the small of your back to tuck your shirt in?	☐	☐	☐	☐	3
4	Can you place your hand behind your head with the elbow straight out to the side?	☐	☐	☐	☐	4
5	Will your elbow allow you to pull on socks or stockings?	☐	☐	☐	☐	5
6	Does your elbow allow you to lift one pound to the level of your shoulder?	☐	☐	☐	☐	6
7	Can you use your arm to help you rise from a chair?	☐	☐	☐	☐	7
8	Will your elbow allow you to carry 20 pounds at your side?	☐	☐	☐	☐	8
9	Will your elbow allow you to comb your hair?	☐	☐	☐	☐	9
10	Will your elbow allow you to throw a ball with this arm?	☐	☐	☐	☐	10
11	Will your elbow allow you to wash the back of your opposite shoulder?	☐	☐	☐	☐	11
12	Would your elbow allow you to work full-time at your regular job?	☐	☐	☐	☐	12

Affix Pt Label Here

Name:
U Number:
DOB: