

**Return Warne Patient Form****UW Medicine**

Bone and Joint Center – Dr. Winston J Warne  
4245 Roosevelt Way NE Seattle, WA 98105-6920 Campus Box 354740

Affix Pt Label Here

Name \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_

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

Name:

U Number:

DOB:

DOS:

**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 \_\_\_\_\_

If a **work related problem** please list your OWCP Claim# \_\_\_\_\_ or L&I Claim# \_\_\_\_\_**What brings you in today?** \_\_\_\_\_**1. Where** is the problem located? ☐ Right ☐ Left ☐ Both / ☐ Shoulder ☐ Elbow ☐ Other \_\_\_\_\_**2.** If you have pain, please circle the description(s) that are most appropriate:**Sharp****Throbbing****Aching****Burning****Stabbing****Heavy****Dull****3.** 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****4.** Is your pain getting: ☐ Better gradually ☐ Better rapidly ☐ Worse ☐ Worse gradually ☐ Worse rapidly**5.** What improves your symptom(s)? ☐ NSAIDs ☐ Injections ☐ Physical Therapy \_\_\_\_\_**6.** What makes your symptom(s) worse? \_\_\_\_\_**Please list Pain Medications used****Dose****Times per day****Reason for taking**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1.** Are you having any: ☐ Fevers ☐ Chills ☐ Nausea ☐ Vomiting**2.** Do you have any Heart conditions: ☐ YES ☐ NO Specify: \_\_\_\_\_**3.** Do you have Diabetes: ☐ YES ☐ NO**4.** Do you have any Breathing Problems: ☐ YES ☐ NO Specify \_\_\_\_\_**5.** Do you smoke or use tobacco? ☐ YES ☐ NO How many packs/cans per week? \_\_\_\_\_**6.** 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: \_\_\_\_\_%

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**If you have a shoulder problem,  
please fill out the Simple Shoulder Test on page 3  
for BOTH of your shoulders.**

**If you have a elbow problem,  
please fill out the Elbow Shoulder Test on page 4  
for BOTH of your elbows.**

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## Simple Shoulder Test

Dominant Hand (*fill in only one circles*): Right ☐ Left ☐ Ambidextrous ☐

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
2	Does your shoulder allow you to sleep comfortably?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
3	Can you reach the small of your back to tuck in your shirt with your hand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
4	Can you place your hand behind your head with the elbow straight out to the side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4
5	Can you place a coin on a shelf at the level of your shoulder without bending your elbow?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5
6	Can you lift one pound (a full pint container) to the level of your shoulder without bending your elbow?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6
7	Can you lift eight pounds (a full gallon container) to the level of your shoulder without bending your elbow?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7
8	Can you carry twenty pounds at your side with this extremity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8
9	Do you think you can toss a softball under-hand twenty yards with this extremity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9
10	Do you think you can toss a softball over-hand twenty yards with this extremity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
11	Can you wash the back of your opposite shoulder with this extremity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11
12	Would your shoulder allow you to work full-time at your regular job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12

Office Use Only – For Physician to Fill Out													
	DJD	SDJD	RA	FS	PTSS	AVN	CA	CTA	SA	PTCL	RCT	TUBS	AMBR II
<b>R</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:													
	DJD	SDJD	RA	FS	PTSS	AVN	CA	CTA	SA	PTCL	RCT	TUBS	AMBR II
<b>L</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:													

Affix Pt Label Here

Name:

U Number:

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## Simple Elbow Test

Dominant Hand (*fill in only one circles*): Right ☐ Left ☐ Ambidextrous ☐

Please answer YES or NO for both of your elbows

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

Office Use Only – For Physician to Fill Out										
R	Cont	INST	FInR	TeEl	DiBi	LoBo	TraA	RheA	FARh	UlnN
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other:									
L	Cont	INST	FInR	TeEl	DiBi	LoBo	TraA	RheA	FARh	UlnN
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other:									