
Please describe your symptoms:

0000-00-00

Symptoms:

Pain in shoulder

Inability to move shoulder

Inability to move shoulder to full range of motion.

Have you had these symptoms before?

Y/N = Y

0000-00-00

Yes:

Shoulder Dislocation:
2018-03-00 - 2018-05-28

How long have you been having these symptoms?

Select = For more than a month

0000-00-00

Since:

Shoulder dislocation (2018-03-00 - 2018-05-28)
Shoulder Surgery (Dr. Gonzales CHNO - 2018-05-28)
Shoulder Surgery (Dr. Gonzales CHNO - 2019-01-04)

Please list any medications you are currently taking for this condition.

0000-00-00

Lidocaine Injection (Shoulder)
Every 3 - 6 months (Dr. Gonzales CHNO)

Please describe any probable cause for these symptoms:

0000-00-00

Shoulder Dislocation:

2018-03-00 - 2018-05-28