

**HIP PAIN (New Patient/New Problem/TOC)**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_

OCCUPATION/FORMER OCCUPATION: \_\_\_\_\_

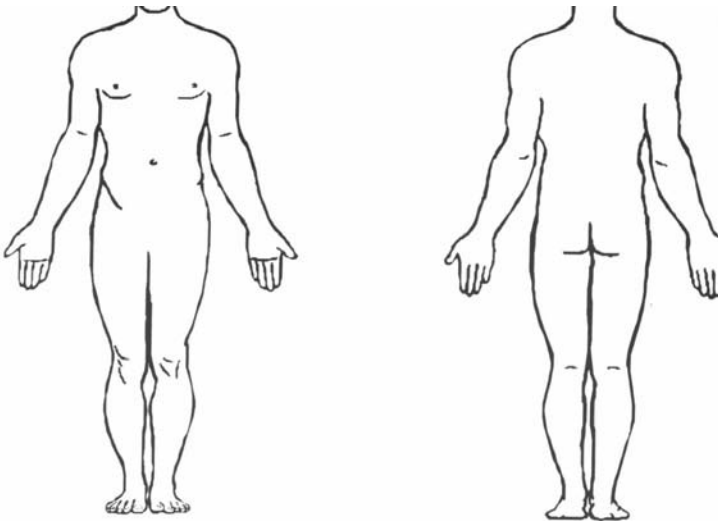
SIDE: LEFT / RIGHT / BOTH

DID YOU HAVE A SPECIFIC INJURY TO THE HIP? \_\_\_\_\_

DURATION OF SYMPTOMS \_\_\_\_\_ MONTHS \_\_\_\_\_ YEARS

LOCATION OF PAIN: GROIN SIDE THIGH BUTTOCK LOW BACK CALF

(circle areas of pain on the diagram below)



WHAT MAKES IT WORSE? (circle the all that apply).

- |                        |                   |                   |
|------------------------|-------------------|-------------------|
| Walking                | Standing          | Sitting           |
| Getting up from a seat | Going up stairs   | Going down stairs |
| Running                | Twisting/Pivoting |                   |

DAILY PAIN LEVEL (1 mild-10 worst) \_\_\_\_\_ Pain at night?  Y  N Back Pain  Y  N

PAIN RATING:

Mild Moderate Severe Totally Disabling

DO YOU LIMP?

No Slightly Moderately Severely Unable to Walk

**DO YOU REQUIRE ASSISTIVE DEVICES?**

None                      Cane at Times                      Cane Full Time                      Walker                      Wheelchair

**HOW FAR CAN YOU WALK?**

Unlimited                      6 Blocks                      2-3 Blocks                      Indoor Only                      Unable

**CAN YOU CLIMB STAIRS?**

Normally                      Normally with the Rail                      One leg at a time                      Unable

**CAN YOU PUT ON SOCKS AND SHOES?**

With Ease                      With Difficulty                      Unable

**CAN YOU SIT IN A CHAIR?**

Any Chair for 1 hour                      High Chair for 1/2 hour                      Not at all comfortably

**WHAT IS YOUR ACTIVITY LEVEL? (circle one)**

Bedridden                      (Bedridden or confined to a wheelchair)

Sedentary                      (Minimal ambulation or activity)

Semi-sedentary                      (White collar, bench work, light cleaning)

Light labor                      (Heavy cleaning, assembly line, light sports, e.g. walking)

Moderate labor                      (Lifts <50 lbs. or moderate sports, e.g. walking, bicycling >3mi/5km)

Heavy labor                      (Frequently lifts 50-100 lbs., vigorous sports, e.g. singles tennis, racquetball)

**HAVE YOU USED ANY OF THE FOLLOWING FOR YOUR HIP PAIN?**

Steroid Injections      Last Injection \_\_\_\_\_                      How Many? \_\_\_\_\_

Physical Therapy                      How Long? \_\_\_\_\_

Anti-Inflammatory Medications (past & present - Aleve, Advil, Ibuprofen, etc) \_\_\_\_\_

Narcotic Pain Medication (past & present – Norco, Vicodin, Percocet, etc) \_\_\_\_\_

Previous Surgery on the HIP:

Surgery	Approximate Date	Surgeon and Facility