

HIP \_\_\_\_\_ RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_ DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Affected for: \_\_\_\_\_ days \_\_\_\_\_ months \_\_\_\_\_ years Injury Date \_\_\_\_\_ OR

Gradual Onset \_\_\_\_\_ Work Injury? Yes No Accident? Yes No Auto? Other?

How were you injured? \_\_\_\_\_ N/A

Pain: Rate your discomfort .....None=0 | 2 3 4 5 6 7 8 9 10=Severe  
Quality and Duration of the Pain: \_\_\_\_\_ Sharp \_\_\_\_\_ Dull \_\_\_\_\_ Burning \_\_\_\_\_ Throbbing  
\_\_\_\_\_ Electric shocks \_\_\_\_\_ Constant \_\_\_\_\_ Intermittent (on and off )

In the past few days/weeks the pain has \_\_\_\_\_ increased \_\_\_\_\_ decreased \_\_\_\_\_ stayed the same

Where do your symptoms occur? \_\_\_\_\_ Groin \_\_\_\_\_ Side of Hip \_\_\_\_\_ Buttocks  
\_\_\_\_\_ Front of thigh to knee \_\_\_\_\_ Side of thigh to knee \_\_\_\_\_ Below the knee

When do your symptoms occur? \_\_\_\_\_ Walking \_\_\_\_\_ Running \_\_\_\_\_ Using stairs  
\_\_\_\_\_ Rising from chair \_\_\_\_\_ During exercise \_\_\_\_\_ After exercise  
\_\_\_\_\_ At work \_\_\_\_\_ After work \_\_\_\_\_ At night \_\_\_\_\_ In the morning Other: (describe)

If these symptoms occur (Yes) please describe when or where. If not, indicate "No"

- Stiffness No Yes \_\_\_\_\_
- Numbness No Yes \_\_\_\_\_
- Swelling No Yes \_\_\_\_\_
- Locking No Yes \_\_\_\_\_
- Catching No Yes \_\_\_\_\_
- Giving way No Yes \_\_\_\_\_
- Weakness No Yes \_\_\_\_\_

Difficulty walking? Distance you can walk without pain or stopping to rest \_\_\_\_\_ block(s)

Losing range of motion? Yes No > Can touch foot? Yes No > Losing leg length? Yes No

Do you use supports to walk? None Cane 2 Canes Crutch 2 Crutches Walker

Can you walk stairs? No Yes \_\_\_\_\_ Normally or \_\_\_\_\_ One at a time

Can you get out of a chair? No Yes \_\_\_\_\_ Normally or \_\_\_\_\_ Push with hands

Have you had any other treatment for this problem? (i.e. injections, glucosamine, etc.)  
No Yes (describe) \_\_\_\_\_

What improves your symptoms? N/A Medication (list) \_\_\_\_\_  
\_\_\_\_\_ Rest \_\_\_\_\_ Physical therapy \_\_\_\_\_ Heat \_\_\_\_\_ Ice \_\_\_\_\_ Brace/bandage \_\_\_\_\_ Exercise

Reviewed by: \_\_\_\_\_ Neal L. Rockowitz, M.D. rev 10/07