

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Telephone: \_\_\_\_\_ Sex:  Male  Female

What kind of work do you do? \_\_\_\_\_

Who referred you to this office (name of person)? \_\_\_\_\_

Activities or Sports you **USUALLY** participate in but are having difficulty doing so: \_\_\_\_\_

**HISTORY:**

1. Which hip is the problem? Right Left Both

2. When did you start to have pain? \_\_\_\_\_

3. Where is your hip pain: Groin Buttock Side of the hip Thigh

4. Did you have an injury? Yes No If so, What was the injury and When? \_\_\_\_\_

5. Have you seen other physician for this hip problem? \_\_\_\_\_ Who? \_\_\_\_\_

6. What kind of treatments have you had so far? Therapy Medicine Injection Surgery

7. Have you had any previous hip surgery? Yes No What, Which hip and When was it performed:

8. Have you ever had a hip INJECTION? Yes No If so, how many times and when was the last time? \_\_\_\_\_

9. Do you take any medicine for your hip pain? (Please list medication, dose, and frequency)

10. Do you walk with an ambulatory assist device? Yes No

If yes, which: CANE WALKER CRUTCH(ES)

**SYMPTOMS:**

1. Do you have hip pain that awakens you at night? \_\_\_\_\_

2. Do you have pain ALL the time, MOST of the time, or only SOME of the time? (circle)

3. Does the pain interfere with work? \_\_\_\_\_ With Sports? \_\_\_\_\_



4. Do you have any numbness, tingling, or pins-and-needles feeling in your leg or thigh? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Does your hip POP or CLICK? \_\_\_\_\_
6. Does your hip CATCH or LOCK? \_\_\_\_\_
7. What makes the hip hurt the most? \_\_\_\_\_
8. Have you missed any work due to this injury? Yes No If so, how long? \_\_\_\_\_
9. How far can you walk (blocks or miles)? \_\_\_\_\_

**Please Check the Description That Best Fits Your Function in the Last Week for  
Each of the 7 Categories:**

**FUNCTION: GAIT**

**FUNCTIONAL ACTIVITIES**

**Limp**

**Stairs**

- None
- Slight
- Moderate
- Severe
- Unable to walk

- Can go up/down normally
- Can go up/down with banister
- Any method
- Not able

**Support**

**Socks/Shoes**

- None
- Cane for long walks
- Cane all the time
- Crutch
- 2 canes
- 2 crutches
- Unable to walk

- With ease
- With difficulty
- Unable

**Distance Walked**

**Sitting**

- Unlimited
- 6 Blocks
- 2-3 Blocks
- Indoors Only
- Bed and Chair

- Any chair, 1 hour
- High chair, ½ hour
- Unable to sit, ½ hour, any chair