

Checklist to get ready for your HIP appointment:

HIP Problem: Please circle those that apply to you

HIP: RIGHT LEFT

Problem Onset Gradual / Sudden onset / Result of an injury

Onset Date: \_\_\_\_\_

Symptoms: Check all that apply:

<input type="checkbox"/>	Loss of motion / stiffness
<input type="checkbox"/>	Difficulty putting on shoes / socks
<input type="checkbox"/>	Low back pain
<input type="checkbox"/>	Pain radiating below knee to foot
<input type="checkbox"/>	Pain in groin / upper thigh

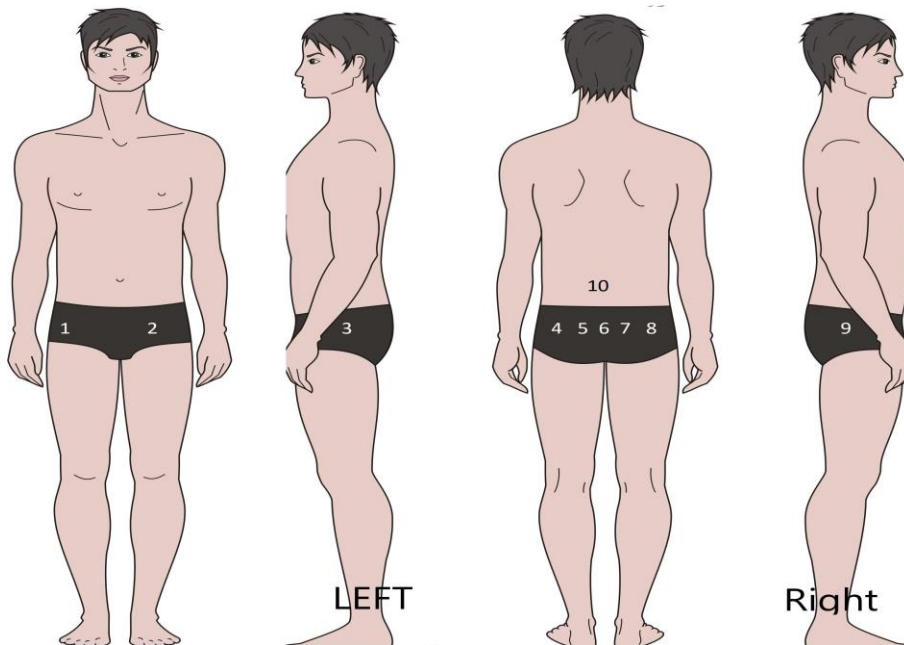
<input type="checkbox"/>	Limp
<input type="checkbox"/>	Unable to bear weight
<input type="checkbox"/>	Limited ability to walk
<input type="checkbox"/>	Night time pain
<input type="checkbox"/>	

I have been told I have:

<input type="checkbox"/>	Hip arthritis on Xray / MRI
<input type="checkbox"/>	Ruptured discs
<input type="checkbox"/>	Prostate problems

<input type="checkbox"/>	Avascular necrosis
<input type="checkbox"/>	Kidney problems
<input type="checkbox"/>	

Location of PAIN: Please circle numbers. In addition, you may draw on the diagram.



History:

Pain, Swelling, loss of motion, injury: Tell what happened and what is going on in your own words:


Prior Problems: Check those that apply:

Prior Studies: Check studies you have had:

<input type="checkbox"/>	Hip injury
<input type="checkbox"/>	Rheumatoid arthritis
<input type="checkbox"/>	Osteoarthritis
<input type="checkbox"/>	Fracture
<input type="checkbox"/>	Back problem
<input type="checkbox"/>	Back surgery

<input type="checkbox"/>	Xray
<input type="checkbox"/>	MRI
<input type="checkbox"/>	CT scan
<input type="checkbox"/>	Bone Scan
<input type="checkbox"/>	Back xrays
<input type="checkbox"/>	Back MRI or other study

**PLEASE BRING REPORTS AND DISC of studies with you to your appointment.** Hospitals do not send us the images. Doctors will review the images and reports. If you do not bring the studies and reports, complete evaluation of your knee may be delayed.

Prior Treatments:

Surgery:	
Date:	
Operation:	Helped / Did not help
Physical therapy Number of weeks:	Helped / Did not help
Injections: Date:	Helped / Did not help
NSAID (anti inflammatory medication)	Helped / Did not help
Pain medication	
Walker , cane, crutches	Helped/ Did not help

**If you have prior surgeries, please bring copies of the operative note, records / reports with you to your appointment.**

**If you have hardware or implants in your hip, please request a copy of the IMPLANT RECORD from the hospital where surgery was performed. The Implant record should include the Manufacturer and type of implant.**

Other notes for doctor:
