

Name: _____ Date: _____

Pain Scale: Right: 0 1 2 3 4 5 6 7 8 9 10
(circle one) Left: 0 1 2 3 4 5 6 7 8 9 10

Describe Hip Problem(s):

LEFT HIP

RIGHT HIP

Duration of Symptoms:

- # Days: _____
- # Weeks: _____
- # Months: _____
- # Years: _____

Hip Symptoms:

- Pain
- Decreased Motion
- Decreased Walking Distance
- Limping
- Grinding in Groin
- Painful Clicking Groin
- Burning on Side of Hip
- Locking in a position
- Instability
- Weakness
- Giving Way

Location of Pain:

- Groin
- Outer Upper Thigh
- Inner Thigh
- Inner side of Knee
- Buttock
- Low Back
- Lower Leg Pain
- Foot Pain

Description of Pain:

- Sharp Pain
- Stabbing Pain
- Dull Pain
- Aching Pain
- Pain Walking
- Pain with Turning
- Pain Climbing Stairs
- Pain Rising & Sitting
- Pain Getting into Cars
- Pain at Rest

Intensity of Pain:

- Pain Level (0-10): _____
- Mild
- Moderate
- Severe

Frequency of Pain:

- Daily
- Weekly
- Pain at Night
- Constant
- Occasional
- Pain Is Getting Worse
- Pain Is Getting Better

Known Hip Conditions:

- Congenital Hip Dysplasia
- Avascular Necrosis AVN
- Hip Fracture in Past
- Old Femur Fracture
- Short Leg: Left shorter
- Osteoporosis in Hip
- FAI Syndrome
- Dislocated Hip in past
- Loose Hip Replacement
- Infected Hip in Past

Treatments to Date:

- Ice
- Heat
- NSAIDs
- Rest
- Elevation
- Physical Therapy
- Chiropractic Treatment
- Hip Bursa Cortisone Inj.
- Hip Joint Cortisone Inj.
- Hip Arthroscopy
- Partial Hip Replacement
- Resurfacing Hip Replac.
- Total Hip Replacement
- Hip Fracture Pinning
- Hip Fracture Rod
- Hip Fracture plating

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