

HIP

Name _____ Age _____ Date _____

Right Hip _____ Left Hip _____ Both Hips _____ Ht _____ Wt _____

Work Injury? _____ Auto Injury? _____ Date of Injury _____

How long has your hip bothered you? _____

How did the symptoms begin? _____

Are you getting better or worse? _____

History of Condition:

Location of Symptoms (circle all that apply):

HIP Groin Lateral Buttocks Front of hip Back of hip
Outside of hip Inside of hip Below the hip

QUALITY Sharp Dull Grinding Throbbing Tingling Giving Away
Electric Shock Constant Intermittent Other? _____

ASSOCIATED SYMPTOMS

Stiffness	Where?	_____
Numbness	Where?	_____
Swelling	Where?	_____
Catching	Where?	_____
Weakness	Where?	_____
Giving Away	Where?	_____

When do symptoms occur? (circle all that apply)

Walking Running Stairs Rising from Chair Night Morning
During Exercise After Exercise At Work Kneeling Squatting
Other? _____

What makes symptoms better? (circle all that apply)

Rest Therapy Heat Cold Brace Bandage
Walking Aid Exercise Other? _____

Do you have pain in any other joints? Where? _____

Are you able to walk up/down stairs? _____

Do you use support? _____ If yes, please describe? _____

Is there anything we should know about your hip?