

HIP FORM

IPI (HIP) CAUTION: SIGNING IS NOT ENOUGH

Name: _____

Today's Date _____

S#: _____

Date of Birth: _____

(PLEASE CIRCLE THE APPROPRIATE ANSWER)

Work Injury Yes No Injury Date: _____

 RIGHT HIP LEFT HIP

DESCRIBE YOUR SYMPTOMS (CHECK ALL THAT APPLY)

Pain Rate your discomfort None = 0 1 2 3 4 5 6 7 8 9 10 = Severe

LOCATION:

Groin Side of Hip
Front of Leg to Knee
Side of Leg to Knee

Buttocks
Back of Leg to Knee
Below the Knee

QUALITY AND DURATION OF THE PAIN (circle)

Sharp Dull Knots Burning
Throbbing Electrical shocks Tingling
Constant Intermittent (on & off)

Stiffness When? _____
Numbness Where? _____
Swelling When? _____
Locking When? _____
Catching When? _____
Living way When? _____
Weakness When? _____

Difficulty walking

Distance you can walk without pain or stopping to rest _____ block(s).

Other _____

Do you use supports to walk? None Cane Crutch (es) Walker
Can you walk up stairs? Yes No Normally or One at a time?
Can you get out of a chair? Yes No Normally or Need to use hand(s)?

How long has your hip been bothering you? _____

When do your symptoms occur? (check all that apply): Walking Running Stairs
Rising from a chair At night In morning At work After exercise Other

What makes your symptoms better? (check all that apply)

Rest Therapy Heat Cold Brace/Bandage Exercise Medication

Other: _____

Have you had any other treatment for this problem Yes No

If yes describe _____