

HIP EVALUATION

LAST NAME	FIRST	MIDDLE INIT.	AGE	TODAY'S DATE

THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY.

1. What was your chief complaint when you visited your doctor? _____

2. What do you think is causing your hip problem? _____

3. What does your doctor think caused the problem? _____

4. Describe your pain: _____

 - a. Does anything make it worse? _____
 - b. Does anything make it better? _____
5. Do you have any weakness? _____ Where? _____

6. Have you had surgery in the area being scanned today? _____
When? _____
What was done? _____
7. Have you ever broken any bones in your hip? _____
8. Do you have arthritis in any of your joints? _____
9. Have you ever injured your hip? _____ Date of Injury _____
10. Do you have any other medical conditions? _____
11. Describe your general health: _____

