



Chainey Umphrey MD.
Musculoskeletal Services
Orthopaedic Dept.
San Jose Medical Ctr

NEW PATIENT HIP QUESTIONNAIRE

Name_____

Occupation_____

Age_____

Right leg dominant / Left leg dominant / Both (circle)

Is this injury work related? Yes / No (circle)

Allergies to medications:_____

History

1) Which HIP is the problem? Right Left Both (circle)

2) When did the pain begin?_____

3) Did you have an injury that caused the pain?_____ If yes, what injury and when?_____

4) Have you had a HIP problem before?_____ If yes, when and how was it treated (**therapy, injections, acupuncture, chiropractor, medications, surgery**) (circle all that apply)

5) If you had HIP surgery before, please give details below:

SIDE DATE(month/yr) PROCEDURE IMPROVEMENT?

RIGHT_____

LEFT_____

6) If you have had injections to your HIP, how many times?___ when was the last?_____

7) What medications are you taking NOW for the HIP pain?_____

8) What medications have you tried in the PAST for your HIP pain?_____

9) Do you have back pain that is severe or pain that shoots down your legs?_____ If yes, which leg does it shoot down into?_____

(over)

Symptoms

- 1) Do you have pain ALL the time, MOST of the time or only SOME of the time?(circle)
- 2) Is the pain SHARP, DULL, ACHY, BURNING, OTHER? (circle). Is it CONSTANT, INTERMITTENT? (circle)
- 3) Does the pain awaken you at night while sleeping?_____
- 4) What activities make the hip hurt more? (circle) (sitting, squatting, walking , up/down stairs, sleeping on side)
- 5) Do you have NUMBNESS, TINGLING, WEAKNESS in your legs OR feet? (circle)
- 6) Does your hip CLICK, LOCK, POP, OR GIVE-WAY? (circle)
- 7) What improves your symptoms? _____

7) Please circle your pain level:

1 2 3 4 5 6 7 8 9 10
 (Mild) (Moderate) (Severe)

Past Medical History

- 1) Please list any previous surgeries (include date and procedure):

2) Please circle all that apply to you:

General	Unexplained weight loss or gain	Fever	Increased thirst
Skin	Rash Scarring Moles		
Head	History of concussions	Frequent headaches	
Neck	Herniated disc	Whiplash	
Eyes	Blurred vision	Loss of vision	Pain
Ears/Nose/Throat	Ringings	Earache	sore throat Nosebleeds
Respiratory	Shortness of breath	Wheezing	Coughing
Cardiovascular	Chest pain	Irregular heart beat	High blood pressure
Stomach	Pain Vomiting	Bloody stools	Heartburn Diarrhea
Urinary	Burning	Bloody urine	
Hematologic	Bleeding disorders	Easy bruising	
Nervous system	Seizures	Strokes	Loss of balance Aneurysm
Mental health	Depression	Anxiety	