

**New Patient Evaluation  
Hip Evaluation Form  
Stephen Franzino, MD**

**Name:**

**DOB:**

Which hip hurts?	Right	Left	Both
If both hips hurt, which is worse?	Right	Left	Equal
Do you have pain in any other joints?	Yes	No	
If yes which ones?			
Do you have pain in your groin / back / knee / foot	Yes	No	
Do you have numbness or tingling in your lower extremities?	Yes	No	
Does your pain radiate?	Yes	No	
Where?			
Do you have any difficulties with your bowels or bladder?	Yes	No	
Have you ever been diagnosed with?			
Fracture	Tumor	Arthritis	Trochanteric Bursitis
How long ago did the pain start?			
1-2 weeks	3-4 weeks	5-6 weeks	2 months      3 months      4-5 months
6 months	6-8 months	9-12 months	Greater than 1 year
Other (please specify): _____			
How did the pain start?	Gradually over time / acutely		
Date of Injury			
Did you suffer?	Fall	Twisting Injury	No accident or injury
Other injury, please specify _____			
If you suffered an <i>acute injury</i> did you feel a:	Pop	Snap	None
Did you have immediate swelling?	Yes	No	
Were you able to walk immediately?	Yes	No	
Did you seek medical attention?	Yes	No	
Describe your activity level (check one)			
Strenuous activity: jumping, pivoting, hard cutting, sports (football, soccer, basketball)			
Moderate activity: heavy manual labor or sports (tennis, skiing)			
Light activity: jogging, running, gym exercises and walking			
Sedentary activity: housework			
Does your hip prevent you from playing sports or doing daily activities?		Yes	No
Have you ever hurt this hip before?		Yes	No
If yes, when? _____	What type of injury?	_____	
Did your hip get better?		Yes	No
Have you received treatment for your hip?			
Physical Therapy / Steroid Injections/Viscosupplementation		Yes	No
Have you had surgery on this hip?		Yes	No
If yes, when? _____	Procedure	_____	
Do medications help?		Yes	No
Do you have morning stiffness or tightness?		Yes	No
Is the pain:	sharp	dull	achy
Activity related (before/during/after)	mild	moderate	burning severe
constant			
What symptoms do you have now?			
No pain at rest	mild pain	moderate pain	severe pain
No pain w/stairs	pain going up stairs		pain going down stairs
No pain w/bending	pain w/bending		
No pain w/activities	mild pain	moderate pain	severe pain
How does your hip function?	normal	near normal	abnormal
Do you have:	catching	locking	grinding
Do you use aids to walk?	No	crutches	cane
Can you walk before the pain starts?	Unlimited	< 1 block	1-5 blocks      Unable



**Radiographs**

Pending None  
 Normal  
 Medial Normal Mild Loss Moderate Loss Severe Loss  
 Osteophytes Cysts  
 MRI Results \_\_\_\_\_

**Diagnosis / Impression**

Hip Pain Unknown Etiology Labral Tear  
 Fracture \_\_\_\_\_  
 Loose body Hip Strain Hamstring Strain Quadriceps Strain Groin Strain  
 Hernia Sports Other  
 Mechanical Back Pain Discogenic Stenosis Compression Fracture  
 Radiculopathy Myopathy Coccygodynia Sciatica  
 Trochanteric Bursitis  
 Osteoarthritis RA Loosening THA Infection THA  
 Other \_\_\_\_\_

**Plan**

MRI Conventional Arthrogram Gadolinium  
 CT Scan Radiographs AP Pelvis Frog Leg Lateral  
 NWB Crutches Walker PWB Crutches FWB Cane  
 Physical Therapy Corticosteroid Injection Greater Trochanter  
 Referral \_\_\_\_\_  
 Medication \_\_\_\_\_  
 NSAIDs Chondroitin Sulfate Celebrex Ultram ER

**Follow Up**

Weeks  
 Months  
 PRN  
 Referral \_\_\_\_\_

**Notes**

**Stephen J. Franzino, MD**