

PAIN SHEET

HIP EVALUATION

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|-----------|-------|--------------|-----|--------------|
| 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 caused the problem? _____

3. What does your doctor think is causing your elbow 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 to the area being scanned today? _____ When? _____
Where? _____
What was done? _____
7. Have you ever broken any bones in your hip? _____
8. Do you have arthritis in any of your joints? _____
9. Do you have any other medical conditions? _____

10. Describe your general health: _____

