



THE BONE & JOINT CENTER
UPMC MAGEE-WOMENS HOSPITAL

Renaissance Orthopaedics and
The Bone and Joint Center
at Magee-Womens Hospital of UPMC
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HIP EVALUATION

NAME: _____ **REFERRED BY:** _____

DATE: _____ **AGE:** _____ **HEIGHT:** _____ **WEIGHT:** _____

Which hip are you going to be seen for in our office? ↑Left ↑Right ↑Both

If both, would you describe the pain as: left worse than right? Or right worse than left?

Where is your pain located? ↑Groin ↑Thigh ↑Knee ↑Buttock ↑Low back

How would you describe the pain you usually have in your hip(s)?

None Slight Mild Moderate Severe

How long have you had pain in your hip(s)?

_____ Weeks _____ Months _____ Years

How long can you walk before the pain becomes severe (with/without walking aid)

- a. No pain for 30 minutes or more
- b. 16 to 30 minutes
- c. 5 to 15 minutes
- d. Around the house only
- e. Not at all

Over the last two weeks, how often have you had little interest or pleasure in doing things?

Not at all Several Days More than half of the time Nearly every day

Over the last two weeks, how often have you felt down, depressed or hopeless?

Not at all Several Days More than half of the time Nearly every day

Have you been limping when walking due to your hip(s)?

Never Sometimes Often Most of the time All of the time

Have you been able to climb a flight of stairs?

Easily Little Difficulty Moderate Difficulty Extreme Difficulty Impossible

After a meal/sitting for time how painful has it been for you to stand up from a chair?

No Pain Slight Pain Moderate Pain Very Painful Unbearable

How much has pain from your hip(s) interfered with your usual work including housework?

Not at all A Little Bit Moderately Greatly Totally

Could you do household shopping on your own?

Easily Little Difficulty Moderate Difficulty Extreme Difficulty Impossible

How long can you sit comfortably? ↑

15 minutes ↑30 minutes ↑1 hour ↑No limit

Do you have difficulty putting on your socks and shoes? ↑Yes ↑No

Do you use a cane, crutches, or a walker? Always Sometimes ↑Rarely ↑Never

Does one leg feel shorter than the other? Yes ↑No

If yes, which leg? Left Right

Were you diagnosed with hip problems as a child or adolescent? ↑Yes ↑No

Do you have or have you had any back problems or back surgeries? ↑Yes ↑No

Are you experiencing any numbness in your legs or feet? ↑Yes ↑No

Do you have shooting pain down your legs? ↑Yes ↑No

Have you had any tests done on your hip(s)?

X-ray ↑MRI CT Scan Bone Scan

Have you ever had any therapy for your hip(s)? Yes No If yes, which hip? Left Right Both

Have you had any fractures to your hip(s)? Yes No

If yes, which hip? Left Right Both

Have you ever had a blood clot? ↑Yes ↑No

Has anyone in your immediate family ever had a blood clot? ↑Yes ↑No

Have you ever had any injections? ↑Yes ↑No

If yes, which hip? ↑Left ↑Right ↑Both When was your last injection?

Date: _____

Have you had any surgery on your hips? ↑Yes No If yes, which hip?

Left ↑Right ↑Both

Are you considering surgery? ↑Yes ↑No

If yes, how soon? ↑Immediately ↑3 months ↑6 months more than 6 months

Do you take pain medicine? Yes / No Does it Help? Yes / No

What are you taking for pain? _____

Have you tried anything else to help with your pain?

Do you have any special comments or questions for our provider(s)? _____