

Dr. Everhart New Patient Intake Form – Hip



IU Health Physicians

Thank you for taking the time to fill out this form. This information will help create the best treatment plan for you and will free up more time for discussion during your appointment.

Sticker
Patient:
DOB:

How did you find out about our clinic?

- Referred by friend or family member
- Referred by school or athletic trainer
- Found info online
- Referred by PT
- Referred by my doctor
- Other: _____

Which hip do you want to discuss today? Right Left Both

If both, which one is worse? Right Left Equal

How long have you had hip symptoms? _____

Did your hip symptoms start after a specific injury? If yes, please explain:

What symptoms do you have?

- Pain
- Weakness
- Stiffness
- Instability
- Snapping/ clicking / popping / catching
- Numbness / tingling
- Low back pain
- Other: _____

When do you have these symptoms?

- Constant
- Constant baseline w/ intermittent spikes
- Unpredictable
- Intermittent
- Only w/ certain activities: _____

Describe your pain.

- Sharp
- Aching
- Burning
- Stabbing
- Dull
- Throbbing
- Shooting

Rate your pain from 0-10 (0 = no pain, 10 = worst pain) on average: ___/10 at its worst: ___/10.

Where do you have symptoms?

- Anterior: Front of hip/ groin
- Side of hip
- Posterior: Buttock/ SI

What makes your symptoms worse?

- Deep squats
- Prolonged sitting
- Prolonged standing
- Twisting
- Running
- Walking
- Sit ups
- Coughing
- Stairs (up or down)
- Laying on my side
- Laying on back
- Other: _____

What makes your symptoms better?

- Exercise
- Physical therapy
- Medications
- Stretching
- Rest
- Other: _____

Have you had any previous hip injuries or congenital hip deformities? If so, what was it?

What treatments have you had for your hip?

- Injection
- Anti-inflammatory (like Advil or ibuprofen)
- Physical therapy
- Surgery
- Other: _____

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Are you able to take non-steroidal anti-inflammatory medications (like Advil or ibuprofen?)

Yes No If no, please list reason why: _____

Have you ever had a hip MRI? Yes No

If yes, did they inject dye or medicine? Yes No

How did the dye make you feel? Better Worse

If you've had a hip injection, what happened to your symptoms?

Did not help at all Relief for only 2-3 hours Few weeks of relief

Few months of relief 1 or more years of relief

Where was the injection placed? _____

If you have had surgery:

Who was your surgeon? _____ When was the surgery? _____

What was the surgery? _____

How did you do with the surgery? _____

What is your occupation? _____

What physical activities do you like to do? _____

FOR OFFICE USE ONLY:

Test	R hip	L hip
Foot progression w gait		
Gait		
ROM: HF		
ROM: IR		
ROM: ER		
Single leg Trendelenburg		
Ant. Impingement		
FADIR		
FABER		
Post. Impingement		
Ober		
Stinchfield		
Psoas stress		

Strength	R hip	L hip
Supine HF		
Upright HF		
Adduction		
Abduction		

TTP	R hip	L hip
Greater trochanter		
Gluteus medius		
Piriformis		
Ischial bursa		