

Thomas P. Gross M.D.

New Patient Brief Hip Evaluation Form updated 5/20/2008

MR #: _____

If you would me to evaluate you as a possible candidate for Hip Resurfacing or Minimally invasive Total Hip Replacement please fill out the form below and send it in together with the other requested information. You can call or Email Lee Webb (LeeWebb1@sc.rr.com or 803-331-6894 cell phone) if you have any questions. As soon as I have received all of the information, I will call you and discuss your options with you. Please list phone numbers that I should use to reach you:

Home: _____ Work: _____ Cell: _____ Best time: _____

Your Name: _____ Age: _____ Today's Date: _____

Side: [Right | Left | Bilateral] Height _____ Weight _____ Sex _____

Which Joint bothers you the most: _____

When does your joint hurt? (Circle) Standing Walking Resting At Night on Stairs all the time

How long have you had this pain? _____

Have you had an injury that contributed to your hip problem? Yes No If yes, describe: _____

What activity makes your hip hurt the most: _____

What activities have you stopped due to the hip pain? _____

How many sessions of physical therapy have you had? _____

Have you had an injection into your hip? Yes/No If so, when and how helpful was it? _____

What medicines have you taken for your hip? Circle those that you are still using: _____

List any previous Surgery on this hip with the approx. date: _____

Why did you choose me for a consultation? _____

Please Circle the category that fits your condition best. People with arthritis have good and bad days. Your answers should reflect your usual days.

1. What category most closely represents your pain level in your hip?

- a. **None**, or so slight that I ignore it.
- b. **Slight**, occasional, no compromise in activity.
- c. **Mild**, no effect on ordinary activity, pain after unusual activity, I may use aspirin or anti-inflammatory medicine.
- d. **Moderate**, the pain is tolerable, I make concessions, I may occasionally use Vicodin or some other narcotic.
- e. **Severe**, I have serious limitations in my lifestyle.
- f. I am **totally disabled** by this hip.

2. Location of the pain (one or more)?

Groin // side of hip // front of thigh // side of thigh // buttock // other: _____

3. Limp ? None, Slight, Moderate, Severe, Unable to walk

4. Use of walking support :

- a. None required.
- b. I use a cane or stick for long walks.
- c. I almost always use a cane or stick.
- d. I use one crutch most of the time.
- e. I use 2 crutches or a walker.
- f. I am unable to walk across the room.

5. Without stopping for a break, on most days, I am usually able to walk:

- a. Over one mile.
- b. The equivalent of 6 average city blocks.
- c. 2-3 average city blocks.
- d. less than one block.
- e. I can only get from bed to chair.

6. Stair climbing:

- a. Normally foot over foot without a rail.
- b. Normally foot over foot with some help from the rail.
- c. Usually not foot over foot, but instead, leading up with the non-painful hip one step at a time.
- d. I can't manage to walk up stairs.

7. Putting on socks and tying shoelaces:

- a. I can put them on with ease
- b. I can put them on, but it is difficult, I may use an assistive device.
- c. I can't put them on, except for slip-on shoes.

8. Sitting:

- a. I can sit in any chair for more than 1 hr
- b. I can only sit in a high chair, or I can only sit for one half an hour.
- c. I am unable to sit in any chair

9.. Public Transportation:

- a. I am able to get in and out of a car or public transportation by myself.
- b. I need help getting in and out of a car or using public transportation.

Anything else that you think is relevant:
