Richard L. Wixson, M.D --- Hip & Knee Form

Name: _____ Date: _____

1. For what reason are you here? _____

2. How long have you had this problem? _____

3. Please rate your pain on a scale from 1 – 10 (1 = Minimal … 10 = Severe Pain) None - 0 ( )

   1 ( ) 2 ( ) 3 ( ) 4 ( ) 5 ( ) 6 ( ) 7 ( ) 8 ( ) 9 ( ) 10 ( )

4. What is the level of pain in each of the joints listed below? (Please mark one answer for each)

Pain Scale	None	Mild or Occasional	Mild with Stairs	Mild with Walking	Moderate Occasional	Moderate Continual	Severe
Right Hip	( )	( )	( )	( )	( )	( )	(
Left Hip	( )	( )	( )	( )	( )	( )	(
Right Knee	( )	( )	( )	( )	( )	( )	(
Left Knee	( )	( )	( )	( )	( )	( )	(
Back	( )	( )	( )	( )	( )	( )	(

5. Where are you having pain? (Check all that apply)

Location	Right Hip	Left Hip
None	( )	( )
Groin	( )	( )
Thigh	( )	( )
Side	( )	( )
Buttock	( )	( )
Knee	( )	( )

Location	Right Knee	Left Knee
None	( )	( )
Front (Under kneecap)	( )	( )
Inside (Close to other knee)	( )	( )
Outside (Away from other knee)	( )	( )
Back of Knee	( )	( )
Generalized	( )	( )

6. Do you use support when you walk?

( ) None
( ) Cane, Lone Walks Only
( ) Cane, Most of the Time
( ) One Crutch
( ) Two Canes
( ) Two Crutches
( ) Walker
( ) Not Able to Walk

7. How Far Are You Able to Walk?

( ) Unlimited Distance
( ) 5-6 Blocks
( ) 1-4 Blocks
( ) Indoors Only
( ) Bed/Chair Transfer Only
( ) Confined to bed

How Long Can You Stand?

( ) Unlimited
( ) One Hour
( ) 30 Minutes
( ) 10 - 15 Minutes
( ) 5 - 10 Minutes
( ) Less than 2 Minutes
( ) Unable

8. Do You Have Difficulty with Stairs

( ) None/Normal
( ) Mild/Railing
( ) Moderate/One Step at Time
( ) Unable

9. Do you have difficulty putting on shoes and socks?

Right
( ) With Ease
( ) With difficulty
( ) Unable

Left
( ) With Ease
( ) With difficulty
( ) Unable

10. Do you Limp?

( ) None
( ) Slight
( ) Moderate
( ) Severe
( ) Unable

What medications have you used for your pain? - or - ( ) None

Medication	How often	Does it help?		
( ) Tylenol		( ) No	( ) Somewhat	( ) Yes
( ) Aspirin		( ) No	( ) Somewhat	( ) Yes
( ) Celebrex		( ) No	( ) Somewhat	( ) Yes
( ) Ibuprofen (Motrin/Advil)		( ) No	( ) Somewhat	( ) Yes
( ) Naproxen (Aleve)		( ) No	( ) Somewhat	( ) Yes
( ) Diclofenac		( ) No	( ) Somewhat	( ) Yes
( ) Tramadol		( ) No	( ) Somewhat	( ) Yes
( ) Norco/Vicodan		( ) No	( ) Somewhat	( ) Yes
( ) Other _____		( ) No	( ) Somewhat	( ) Yes

Have you had injections into your joint? ( ) Yes ( ) No

	Did it Help?			How Many	When?
( ) Steroids	( ) No	( ) Somewhat	( ) Yes	_____	_____
( ) Synvisc (Hylan) Hyalgan, etc.	( ) No	( ) Somewhat	( ) Yes	_____	_____

Have you had physical therapy or exercise training for your joint pain? ( ) Yes ( ) No

Did it Help? ( ) No ( ) Somewhat ( ) Yes When? _____