

Total Joints – Knee & Hip HPI

Today's Date: _____

Patient Name: _____ DOB: _____

Location:

What body part are you being seen for today? _____ Right Left Bilateral

Location where pain/symptom is most intense: Lateral Medial Buttock Groin Under Knee Cap

Quality:

How would you describe your pain? aching burning nagging numbing pins & needles shocking
 sharp shooting stabbing tightness other: _____

Severity: (Please answer one of the following)

My pain is Mild - I am aware of it when present, but does not interfere with daily activities)
 Moderate - when present it interferes only with some daily activities)
 Severe - when present it interferes with most, but not all, daily activities
 Very severe – when present I am unable to carry out any daily activities

Duration:

If this began as a result of an injury, what was your date of injury? _____

If no known injury occurred, when did your symptoms begin? _____

Timing:

How often do your symptoms occur? daily weekly monthly morning evening after activity
 intermittent constant other _____

Context:

How did this injury or problem first occur? _____

Was this a result of an: Motor vehicle accident? Work injury? Other _____

What are you doing when you notice your symptoms? _____

Modifying Factors:

What aggravates (increases) your symptoms? use/movement walking standing running hip rotation
 ascending or descending stairs standing from a sitting position sitting from a standing position
 bending/straightening leg other: _____

What relieves (decreases) your symptoms? ice heat rest elevation immobilization stretching
 other: _____

Associated signs and symptoms:

What other symptoms are associated with your pain? swelling popping/clicking catching/locking
 feels unstable weakness other: _____

*Please list **any previous treatments** (injections, PT, bracing, surgery, etc.) you have had for this problem (include dates & where performed): _____

*Have you ever had a previous injury or surgery to this area? No Yes, please describe (include dates): _____