



**DR KELLY'S NEW HIP PATIENT INFORMATION SHEET** Name \_\_\_\_\_ date \_\_\_\_\_ age \_\_\_\_\_

**My Chief Complaint:** \_\_\_\_\_

**Did you originally hear of Dr. Kelly through a seminar yes/no ,or the Internet Google or Yahoo yes/no**

**Today, I am here to discuss:** Non-Surgical Treatment, Surgical Options

**I have had pain in my hip for** \_\_\_\_\_ years and \_\_\_\_\_ months.

**Has it gradually gotten worse?** \_\_\_\_\_.

**Location of pain in my hip is:** In my groin, outside part of my hip, in my buttock, in the front of my thigh, it to my knee, it travels down the front of my leg to my ankle.

**I can walk comfortably:** over 6 blocks, 3-6 blocks, 1-2 blocks, less than 1 block.

**Activities that bother me:** walking, stiffness, ,stair, chairs ,locking, giving out, don't trust my leg to hold me, getting dressed, sleeping

**Do you use a cane or walker?** \_\_\_\_\_

**Medications currently taking for pain:** \_\_\_\_\_

**REVIEW OF SYSTEMS**

**Dental History:** I have seen the dentist in the past 6 months: Yes / No

**Positive Cardiac Risk Factors (circle):** Angina, Diabetes, Vascular disease , history of heart attack, Hypertension, High Cholesterol, Family History of heart attack smoking, Overweight, Sedentary - walking less than 2 blocks.

**Have you had a Cardiac bypass, Angioplasty, or Stress test?** - Date of last stress test: \_\_\_\_\_

**Have you had a Pulmonary embolism, phlebitis, emphysema , asthma, snore, or sleep apnea?**

**Have you ever had stomach ulcer?** \_\_\_\_\_ . **Are you on blood thinners: plavix, coumadin, pletal, or aggrenox?**

**Do you have sleep apnea or cancer?**

**Your height :** \_\_\_\_\_ . **Weight:** \_\_\_\_\_