

HPI LOWER EXTREMITY

History of Present Illness

Why are you here today? (Select one) an injury at work an injury during sports an injury during a MVA
 pain a surgery weakness
 a fall

Additional Comment:s:

On what date did this occur?

Do you have pain?

Which side? (Select all that apply) left right

Where is this pain located? (Select all that apply) hip thigh knee
 lower leg ankle foot
 toe

What makes this pain worse? (Select all that apply) running stair climbing kneeling
 jumping twisting pivoting
 squatting prolonged sitting standing
 walking sit to stand dressing/grooming
 lifting push/pull

What makes this pain better? (Select all that apply) nothing rest pain medication
 ice heat bracing
 cane/walker immobilization elevation
 cortisone injections

How would you describe this pain? (Select all that apply) dull sharp aching throbbing
 shooting constant intermittent

Do you have other symptoms?

What are the symptoms? (Select all that apply) swelling instability radiation catching
 buckling locking grinding stiffness
 popping night pain bruising discoloration

Have you had any diagnostic tests done? (Select all that apply)

Xray CT
 MRI

Do you currently have numbness and tingling?

If yes, where? (Select all that apply) right lower extremity left lower extremity

Additional Comments:

Home Environment

How would you rate your health? excellent good fair poor

Do you exercise regularly? does does not

How many falls have you had in the past 6 months? 0 1 to 2 >3

What is your employment status? employed unemployed retired

If yes, what do you do for a living?

Do you live alone? alone with someone

Do you require assistance at home? Yes No

Do you have stairs at home? Yes No

If yes, how many? 1-8 9-15 >15

Where is the railing as you go up the stairs? (Select all that apply) left right

Goals/Followup

What are your goals for therapy?

When are you scheduled to return to the doctor for follow-up? as needed within 1 month after completion of therapy

Additional Comments: