HIP EVALUATION FORM

Date: 
Pt Name: 
Pt Number: 
Diagnosis: 
Referred by: 
Visit #: 
Time in: 
Time out: 
Billable units: 

Patient Information:

Patient Profile:

Chief Complaint:

Account of Current Condition:
   History of present injury:
   Current Symptoms:
   Location:
   Onset:
   Character:
   Intensity:
   Duration:
   Aggravating Factors:
   Alleviating Factors:
   24 hour behavior:

PMH:
   Medication/Allergies:

Current Function %:
   Standardized Functional Questionnaire:
   DASH:
   Modified Oswestry:
   NDI:
   LEFS:

Personal and Environmental Factors:
   Activity:
   Occupation:

Patient Goals:

Systems Review:

Cardiopulmonary:
Neuromuscular:
Integumentary:
Musculoskeletal:
**Tests and Measures:**

**Observation:**
- Joint Clearing:

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<tr>
<th>ROM</th>
<th>AROM</th>
<th>PROM</th>
<th>End Feel</th>
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<td>Flexion</td>
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**Resisted Tests:**
- Flexibility:
- Neurologic Screen:

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<tr>
<th>Sensation</th>
<th>Reflexes</th>
<th>Motor</th>
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**Special Tests:**
- FABER:
- Trendelenberg:
- Anterior Labral Tear:
- Posterior Labral Tear:
- Hip Scour:
- Craig’s Test:
- Leg Length Test:
- Piriformis Test:
- Noble Compression:
- Fulcrum Test:

**Joint Mobility:**
- Palpation:
- Functional Tests:
- Today's Intervention:

**Evaluation:**

**Summary:**
- Impairments:
- Functional Limitations:
- Response to today’s intervention:

**Plan of Care:**

**Outcomes:**
- STG:
- LTG:
Prognosis: 
Intervention Plan: 

**Informed Consent:**

☐ Patient or ☐ Guardian has been informed of all evaluation findings and treatment plans and agrees to participate in Physical Therapy services and plans as outlined, including the given HEP.

Sign: _____

_____ 

Date: