THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY.

1. What was your chief complaint when you visited your doctor? __________________________
   _______________________________________________________________________________

2. What do you think is causing your hip problem? __________________________
   _______________________________________________________________________________

3. What does your doctor think caused the problem? __________________________
   _______________________________________________________________________________

4. Describe your pain: ____________________________________________________________
   _______________________________________________________________________________
   a. Does anything make it worse? _________________________________________________
   b. Does anything make it better? _______________________________________________

5. Do you have any weakness? ____________ Where? _______________________________________________________________________________
   _______________________________________________________________________________

6. Have you had surgery in the area being scanned today? __________________________
   When? __________________________________________________________________________
   What was done? __________________________________________________________________

7. Have you ever broken any bones in your hip? ________________________________

8. Do you have arthritis in any of your joints? __________________________

9. Have you ever injured your hip? ________ Date of Injury _________________________

10. Do you have any other medical conditions? ______________________________________

11. Describe your general health: ________________________________________________
   _______________________________________________________________________________