

Suite 11, Bon Secours Hospital,
Glasnevin, Dublin 9.
M: 087 - 776 0348
Ph: 01-837 2721
Fax: 01-857 1520

Suite 28, The Hermitage Medical Clinic,
Old Lucan Rd, Dublin 20.
Ph: 01-645 9393
Fax: 01-645 9394

Mr. Philip O'Connor

M.Med.Sci., MFSEM, FRCSI (Tr. & Orth.)

Consultant Spine & Orthopaedic Surgeon

Web: www.orthosurgeon.ie Email: info@orthosurgeon.ie

NEW HIP PATIENT QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Name: _____ Date of visit: _____

Date of Birth (DD/MM/YYYY): _____ Age: _____ Marital Status: _____

Home Address: _____

Home phone number: _____ Mobile Number: _____ Male Female

Family Doctor Name and Address: _____

Medical Insurance: VHI Aviva Laya Glo Healthcare Garda ESB POMA Self-Pay

Plan type: _____ Policy Number: _____

Who referred you? _____

What is your main problem today? _____

When did your symptoms begin? _____

Are your symptoms the result of an injury? Yes No

If yes, what happened? _____

Is there litigation pending as a result of your pain/injury? Yes No

Have you been treated by anyone for this problem? Yes No If yes, by whom: _____

What investigations have you had to date: X-rays MRI CT Isotope Bone Scan PET Ultrasound

Have you had any treatment to date? Yes No If yes: Medication Physio Injections

MEDICAL HISTORY:

Have you **EVER IN YOUR LIFE** had any of the following problems?

Tick Box **ONLY** if you have a history of the conditions below:

HEART PROBLEMS:

- Chest Pain
- High Blood Pressure
- Irregular Heartbeat
- Valve Disease
- Heart Failure, Heart Attack, Heart Surgery
- Angiogram, Angioplasty (Stenting)

LUNG PROBLEMS:

- Shortness of Breath
- Asthma
- Emphysema/COPD
- Sleep Apnoea

ENDOCRINE PROBLEMS:

- Diabetes
- Hyperthyroidism
- Hypothyroidism

BLADDER OR KIDNEY PROBLEMS:

- Difficulty passing urine
- Urinary tract infections
- Frequency/Urgency

STOMACH OR BOWEL PROBLEMS:

- Ulcers
- Diverticulitis
- Crohn's Disease/Ulcerative Colitis

GENERAL:

- Previous Clots – Lung or Leg
- Epilepsy

CANCER:

- No
- Yes What kind

ARE YOU ALLERGIC TO ANY MEDICATION?

- No
- Yes What happens:

PLEASE LIST ANY **MEDICATION** THAT YOU ARE TAKING NOW (or attach a list):

- | | | |
|----|----|-----|
| 1. | 5. | 9. |
| 2. | 6. | 10. |
| 3. | 7. | 11. |
| 4. | 8. | 12. |

BLOOD THINING MEDICATION:

Are you taking any of the following medications:

- Pradaxa Xarelto Plavix Warfarin Aspirin

SURGICAL HISTORY

Please list any surgeries that you have had in the past:

SURGERY	SURGEON	LOCATION	DATE
1			
2			
3			
4			
5			
6			
7			

SOCIAL HISTORY

Do you smoke now? Yes No

If Yes, how much? 5/Day 10/Day 20/Day More For How Long? _____

If No, Did you ever smoke? Yes No If Yes, When did you stop? _____

How much did you smoke? 5/Day 10/Day 20/Day More For How Long? _____

Do you drink alcohol? Yes No If Yes, how much in a week? _____

What is your occupation? _____

Where do you live:

- House Apartment Nursing Home Assisted living

With whom do you live? _____

FAMILY HISTORY?

Does anyone in your family have a history of arthritis? _____

If so, have they had joint replacement surgery, and what kind? _____

Are your parents deceased? Yes No

If so how did they die:

Mother: Cause: _____ Age _____

Father Cause: _____ Age _____

What is your: HEIGHT? WEIGHT?

PERSON TO CONTACT IN AN EMERGENCY?

NAME: _____ TEL: _____

NAME: _____ TEL: _____

Please continue on to the next section ↓

Harris Hip Score

Please answer every question by placing a *tick on the response that best describes your condition today.*

1. Hip Pain

- None, or ignores it .
- Mild pain, no effect on average activities, rarely moderate pain with unusual activities, may take aspirin.
- Pain, tolerable but makes concessions to pain. Some limitation of ordinary activity or work. May require occasional pain medication stronger than aspirin.
- Marked pain, serious limitation of activities
- Totally disabled, crippled, pain in bed, bedridden.

2. Support

- None.
- Two Canes/Walking sticks.
- Cane/Walking stick for long walks.
- Two crutches or not able to walk.
- Cane/Walking stick most of the time.
- One crutch.

3. Shoes and Socks

- With ease.
- With difficulty.
- Unable to fit or tie.

4. Stairs

- Normally without using a railing.
- Normally using a railing.
- In any manner.
- Unable to do stairs.

5. Distance Walked

- Unlimited.
- Six blocks (30 minutes)
- Two or three blocks (10 - 15 minutes).
- Indoors only.
- Bed and chair only.

6. Limp

- None.
- Slight.
- Severe or unable to walk.

7. Public Transportation

- Able to use transportation (bus).
- Unable to use public transportation (bus).

8. Sitting

- Comfortably, ordinary chair for one hour.
- On a high chair for 30 minutes.
- Unable to sit comfortably on any chair.

For Surgeon Use Only

Hip Range of Motion: (5 Points)

ROM	Active		Passive	
	L	R	L	R
Flexion (110°)				
Extension (30°)				
Abduction (40°)				
Adduction (40°)				
IR Flex (40°)				
ER Flex (50°)				

Previous Surgery: _____ Date: _____
 Components Used: _____

Cemented: Femoral: Y N
 Acetabulum: Y N
 Luceny: A I II III
 F 1 2 3 4 5 6 7 8
 Alignment: Varus Vlagus

Gait: Normal Antalgic
 Trendelenburg Short Leg Other _____

Trendelenburg Sign: Positive Negative

Thomas' Test: Positive Negative Left _____° Right _____°

Active SLR painful? Yes No If Yes Pain where? _____

Leg Length: Equal Left short _____mm Right short _____mm

Prior incision: Yes No If yes, where? _____ Skin Condition: _____

Tender: Yes No If yes, where? _____

Neurovascular:

Sensation : Intact Abnormal If yes, where? _____

Motor: **Right Motor** **Left Motor:**
 EHL _____ EHL _____
 TA _____ TA _____
 QUAD _____ Quad _____

Pulses: DP - PT DP PT

Knee ROM			
<i>Right</i>		<i>Left</i>	
Ext	°	Ext	°
Flex	°	Flex	°

Spine:

Imaging:

DX: OA RA AVN [I / II / III / IV]
 SCFE Dysplasia LCP Post Trauma Post Infection Other: _____

X-RAY LOCATION & DATE:

MRI LOCATION & DATE: