



**S.T.A.R. Orthopaedics, Inc.**  
**at the Bone and Joint Institute at JFK**

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**Hip H&P**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor: \_\_\_\_\_

Which side: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_

Male/Female

History of Injury?

History of Childhood Problems

Location of Pain

How long have you had pain?

What treatment have you had?

**Current Pain:**

**Limp:**

.....**Walking support:**

Can you ride in a car, bus or plane?

**Stair Climbing:** .....

**Putting on shoes/socks:**

.....**Pain-free Sitting:**

Medical problems: (e.g. heart disease, diabetes, cancer, asthma, etc.)

Medications:

Allergies to Medicines:

Previous Surgeries:

Family Medical Problems:

Social: Smoking      ""How much?

Alcohol: