

# THIGH EVALUATION

Last Name:

First:

Date:

## THESE QUESTIONS APPLY ONLY TO THE AREA BEING SCANNED TODAY

1. What do you think is wrong?

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2. Describe your symptoms:

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3. What makes it better?

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4. What makes it worse?

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5. Do you have areas of weakness? Yes or No (Circle one)

6. Weakness where?

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7. Any surgery/arthroscopy on the scan area? Yes or No (Circle one)

8. Surgery/Arthroscopy when?

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9. What was done?

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10. Do you have arthritis in any of your joints? Yes or No (Circle one)

11. List Joints:

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12. Are you currently taking any medications? Yes or No (Circle one)

13. List medications:

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14. Do you have any other medical conditions? Yes or No (Circle one)

15. List conditions:

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16. List athletic activities that may have contributed to your condition:

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