PHYSICIAN CONSULT CHECKLIST

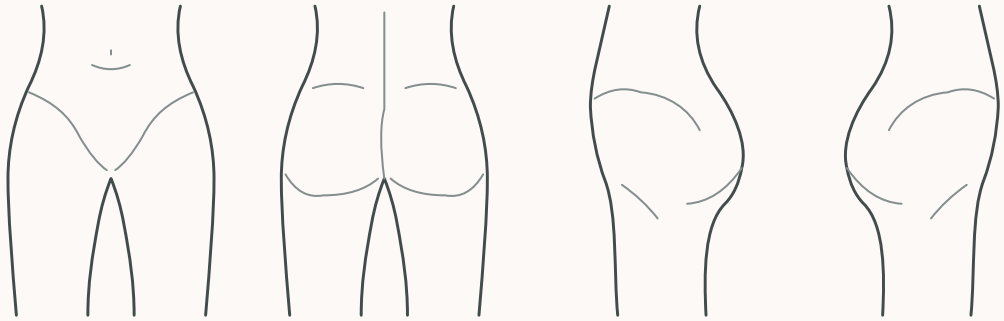
# Hip pain when cycling

Name _____ Visit date _____

## Mark where you feel it

Side (left, right, or both) _____

Write a letter where you feel each symptom. Use more than one letter if needed.




N Numbness P Pins & Needles B Burning / Aching S Stabbing

## What I want my physician to know

Compare seated climbing, standing on pedals, and longer flat rides.

**I used to be able to… Now I struggle with…**

**It started… It feels better or worse when…**

**I've tried… It helped for…**

**The main thing I want to decide or do is…**

## What to bring or send

Bring recent bike fit changes and a log of ride length, terrain, and next-day symptoms.

- [ ] Prior images and written reports, if available
- [ ] Checked the scan date, body area and side
- [ ] Confirmed the office can open the image files
- [ ] Relevant visit and therapy notes, medication and allergy list

**Image date, type and where it was done**

**What I still need to request or confirm**

## Questions to ask

- [ ] What will you review about my riding position and symptom pattern?
- [ ] What cycling goal could we track as my hip improves?
- [ ] If I have prior images, would they help answer today's question? Would another test change the plan?

**What will I do next, and when will we check in?**

**One small improvement I want to notice**

**Notes from my visit**