

NAME _____ DATE _____ DOB _____

My pain is (please circle)

Minimal Mild Moderate Severe Incapacitating

My overall condition is (please circle)

Improving Unchanging Getting Worse

I have been treated for this condition with: (please circle all that apply)

Physical Therapy Medications Chiropractic Epidural Injections
Other Injections Acupuncture

*Other _____

My pain is made worse with: (circle all that apply)

Standing Laying Walking Sneezing Bending Mornings
Sitting Coughing Lifting Driving My Pain is Constant

*Other _____

My pain is made better with: (circle all that apply)

Standing Sitting Laying Down Activity Rest
Shifting Positions Leaning Forward Nothing Relieves My Pain

*Other _____

I am: Single Married Divorced Widowed

I am: Employed Unemployed Retired

My Job Title Is: _____

My Employer Is: _____

I am presently working: Full Time Part Time Disabled from work since _____

Mark the areas on your body where you feel the described sensations. Use appropriate symbols and include all affected areas:

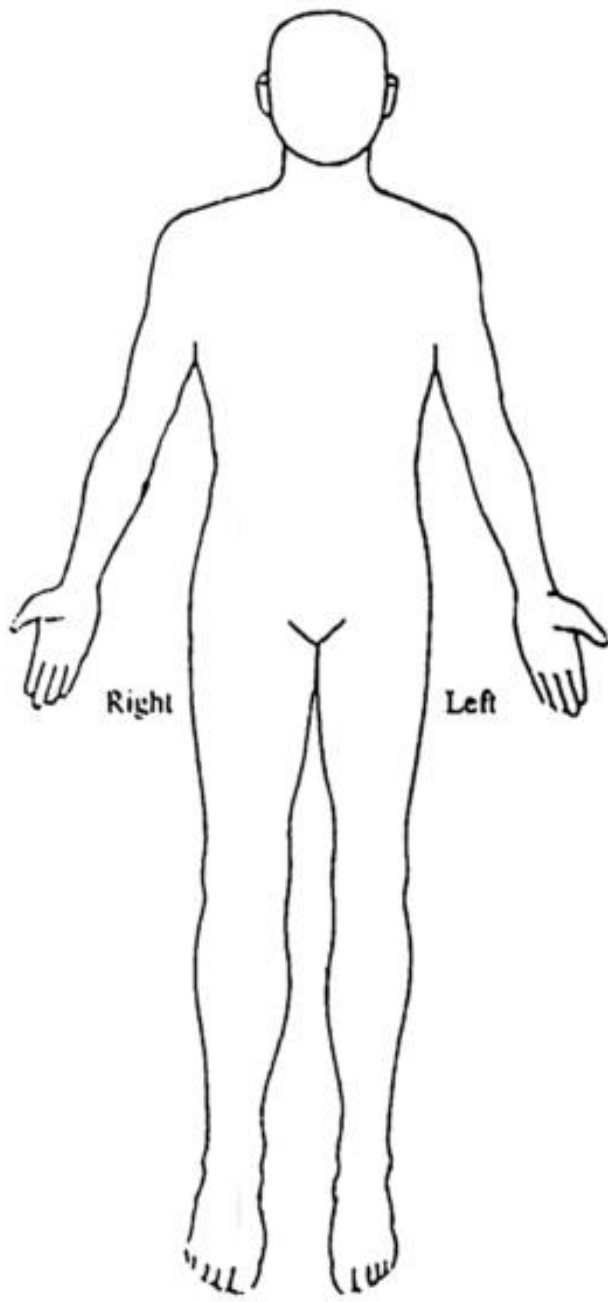
Ache ^^^^^

Numbness ooooo

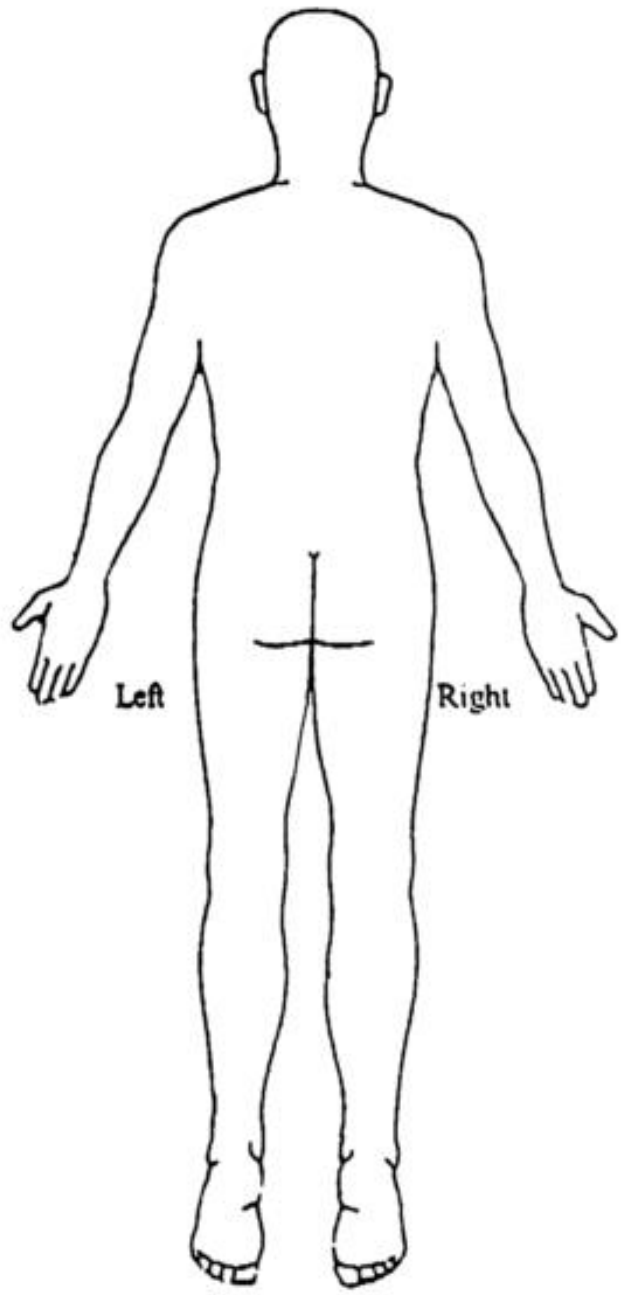
Pins & Needles -----

Burning xxxxx

Stabbing /////



FRONT



BACK



**ORTHOPEDIC
PARTNERS**
Formerly Norwich Orthopedic Group

EST. 1957

Daniel Glenney, M.D.

Date: _____ Date of Injury: _____

Patricia Stuart, M.D.

Patient: _____ Place of Injury: _____

Provider: _____ Work Related? ___ Yes / ___ No

Kenneth Paonessa, M.D.

Account #: _____ Auto Accident: ___ Yes / ___ No

Insurance: _____ ID: _____

Michael Halperin, M.D.

Subscriber: _____

If your care is the result of an auto accident, please check one of the below:

Gabriel Abella, M.D.

_____ I have Med Pay on my Auto Policy (this means the auto insurance pays as your primary insurance)

Mohammad Pasha, M.D.

_____ I have no Auto Med Pay Insurance (this means personal health insurance pays as your primary insurance. Please supply a statement from your auto carrier that there was no med pay effective at time of the accident)

Tarik Kardestuncer, M.D.

Ammar Anbari, M.D.

Are you pursuing legal action against another party? ___ Yes / ___ No

Nicole Arcand, M.D.

What did you injure? (example: left arm) _____

Scott Stanat, M.D.

Attention Pequot Pequot Plus members: if your injury is the result of an auto accident and you were the driver, Pequot Plus requires that you submit a copy of the police report to their office.

Richard Thoms, M.D.

Please give a complete and accurate account of the injury, including how and where it occurred as required by your insurance:

Steven Wei, M.D.

Jonathan Puposar, M.D.

Signature _____ Witnessed _____

Emily Vafek, M.D.

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