



DR. KARDESTUNCER New Hand/Wrist/Elbow Intake Form

Name: _____ **DOB:** _____ **Date:** _____

Referred by Doctor: _____, **Friend/family**

Age: _____ **Which hand do you write with?** L/R **Sex:** M/F

Occupation: _____

Current work status: Full duty/light duty/ disabled/ retired

Chief Complaint? _____

Date of Onset? _____

Result of Injury? Y/N **If Yes, how did it happen (briefly)** _____

Happen at work? Y/N **Reported to Work?** Y/N **Legal Care?** Y/N

Symptoms Improved with? Rest, heat, ice, NSAIDS, narcotics, physical/occupation therapy, splints, nothing,
other _____

Symptoms made worse by? Lifting, pushing, pulling, sleeping, driving, vibratory equipment, weather, nothing,
other _____

Description of symptoms? Numbness, burning, sharp, dull, ache, radiating,
other _____

What have you tried for this problem? PT/OT, Splints, injections, surgery, other _____

Have you had? Xrays, MRI, Ct scan, EMG, other tests _____



**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 Piposar, M.D.

Signature _____ Witnessed _____

Emily Vafek, M.D.

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