



Dr. Vafek

New Patient Intake Form

Name: _____ Age: _____ Sex: M/F Dominant hand: RT / LT _____

Referred by: _____ Primary Care Physician: _____

Occupation: _____ Current work status: _____

Result of Injury: Y/N

Work Related: Y/N

Automobile Accident: Y/N

Legal Care: Y/N

Chief Complaint: _____ Date of onset: _____

Symptoms improve with: Rest, heat, ice, physical therapy, splints, and medication _

Symptoms made worse with: Walking, Lifting, sitting, standing, climbing stairs __

What treatments have you tried for this problem: PT/OT, splints, injections, medication, surgery

Have you had: X-rays, MRI, CT scan, EMG, others, if so where and when did you get the study done

What is your pain level today? 1 2 3 4 5 6 7 8 9 10



**ORTHOPEDIC
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Formerly Norwich Orthopedic Group
EST. 1957

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Tammie Simao, CMPE,
CEO

Date: _____

Patient: _____

Provider: _____

Account #: _____

Insurance: _____

Subscriber: _____

Date of Injury: _____

Place of Injury: _____

Work Related? ____ Yes / ____ No

Auto Accident: ____ Yes / ____ No

ID: _____

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

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

_____ 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)

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

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

Attention 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.

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

Signature _____ Witnessed _____