



NAME _____

DATE _____

DOB _____

Dr. Wei

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
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.

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

Ammar Anbari, M.D.

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

Nicole Arcand, M.D.

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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North Franklin, CT 06254

11 Industrial Park Road
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