

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

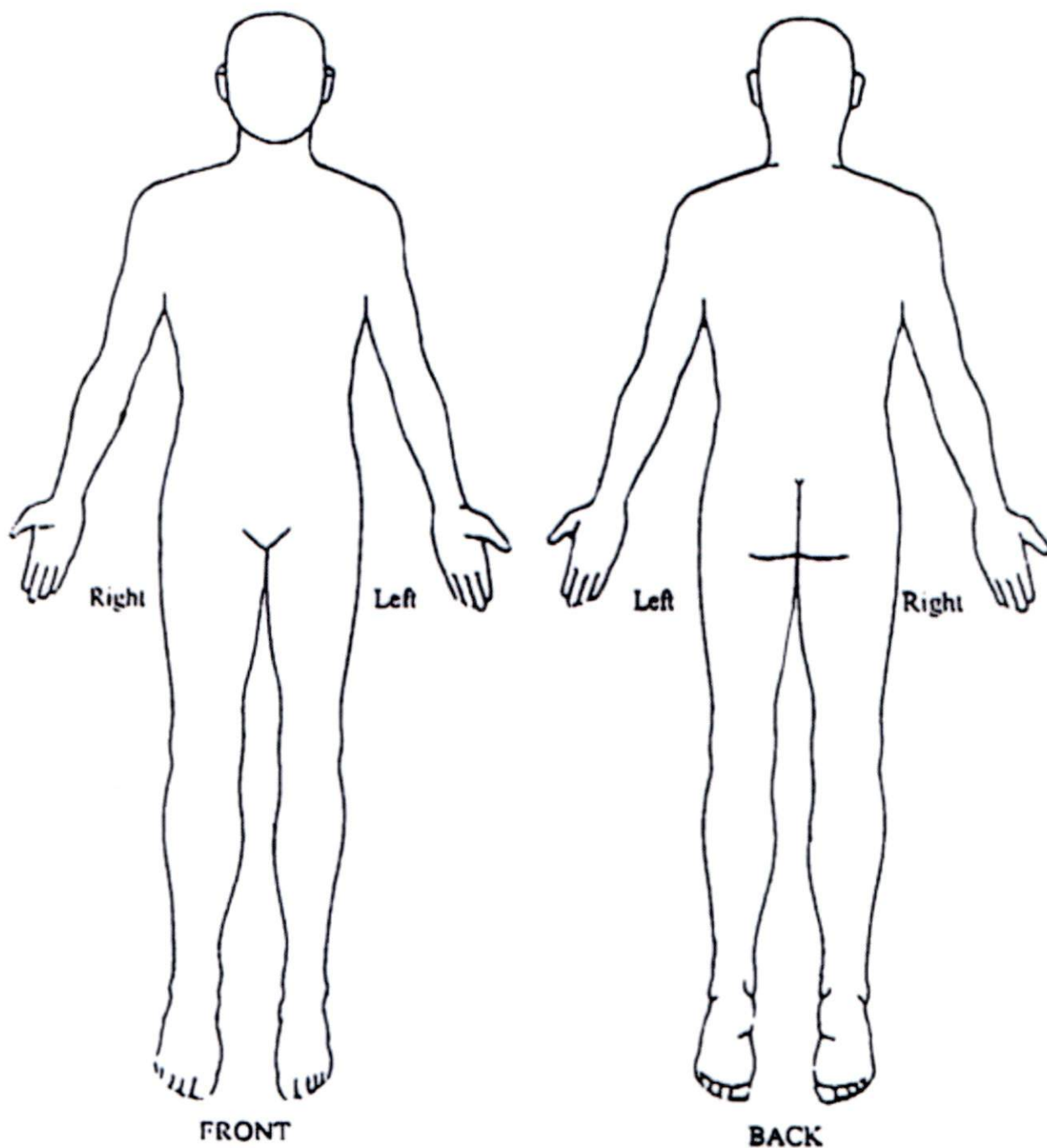
My Job Title Is: \_\_\_\_\_

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 ////





**ORTHOPEDIC  
PARTNERS**  
Formerly Norwich Orthopedic Group  
EST. 1957

Daniel Glenney, M.D.

Date: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Patricia Stuart, M.D.

Patient: \_\_\_\_\_

Place of Injury: \_\_\_\_\_

Kenneth Paonessa, M.D.

Michael Halperin, M.D.

Provider: \_\_\_\_\_

Work Related? \_\_\_ Yes / \_\_\_ No

Gabriel Abella, M.D.

Account #: \_\_\_\_\_

Auto Accident: \_\_\_ Yes / \_\_\_ No

Mohammad Pasha, M.D.

Insurance: \_\_\_\_\_

ID: \_\_\_\_\_

Tarik Kardestuncer, M.D.

Ammar Anbari, M.D.

Subscriber: \_\_\_\_\_

Nicole Arcand, M.D.

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

Scott Stanat, M.D.

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

Richard Thoms, M.D.

Steven Wei, 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)

Jonathan Piposar, M.D.

Emily Vafek, M.D.

Nimit Patel, M.D.

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

Tammie Simao, CMPE,  
CEO

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 \_\_\_\_\_