



Dr. Patel Intake Form

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

Referred by Doctor: _____, friend or 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? Yes / No **If Yes, how did it happen (briefly)** _____

Happen at work? Yes / No **Reported to Work?** Yes / No **Legal Care?** Yes / No

Symptoms Improved with (circle all that apply) rest, heat, ice, NSAIDS, narcotics, physical/occupation therapy, splints, nothing, other _____

Symptoms made worse by (circle all apply) lifting, pushing, pulling, sleeping, driving, vibratory equipment, weather, nothing, other _____

Description of symptoms (circle all that apply) 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

Patricia Stuart, M.D.

Date: _____ Date of Injury: _____

Kenneth Paonessa, M.D.

Patient: _____ Place of Injury: _____

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.

Subscriber: _____

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)

Nicole Arcand, M.D.

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

Scott Stanat, M.D.

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

Richard Thoms, 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.

Steven Wei, M.D.

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

Jonathan Puposar, M.D.

Emily Vafek, M.D.

Nimit Patel, M.D.

Signature _____ Witnessed _____

Tammie Simao, CMPE,

82 New Park Avenue
North Franklin, CT 06254

11 Industrial Park Road
Niantic, CT 06357

(860) 889-7345