



**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  
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.

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

Ammar Anbari, M.D.

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 \_\_\_\_\_