



DR. KARDESTUNCER New Hand/Wrist/Elbow Intake Form

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

Referred by Doctor: _____, **Friend/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? Y/N **If Yes, how did it happen (briefly)** _____

Happen at work? Y/N **Reported to Work?** Y/N **Legal Care?** Y/N

Symptoms Improved with? Rest, heat, ice, NSAIDS, narcotics, physical/occupation therapy, splints, nothing,
other _____

Symptoms made worse by? Lifting, pushing, pulling, sleeping, driving, vibratory equipment, weather, nothing,
other _____

Description of symptoms? 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 _____

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



ORTHOPEDIC PARTNERS

Date: _____ Date of Injury: _____

Patient: _____ Place of Injury: _____

Provider: _____ Work Related? _____ Yes / _____ No

Account #: _____ Auto Accident: _____ Yes / _____ No

Insurance: _____ ID: _____

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)

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 _____

(860) 889-7345

(860) 963-2133

82 New Park Avenue
North Franklin, CT 06254

11 Industrial Park Road
Niantic, CT 06357

35 Kennedy Drive
Putnam, CT 06260

5 Founders Steet
Willimantic, CT 06226