ORTHOPEDIC PARTNERS

# Dr. Patel Intake Form

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

**Referred by Doctor:** _____, f**riend 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_____

**For the body part you are being seen for today have you had? If so, what facility were they done at?**

Xrays, MRI, Ct scan, EMG, other tests_____

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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 <u>how</u> and <u>where</u> it occurred as required by your insurance:**

_____

_____

_____

Signature _____ Witnessed _____

(860) 889-7345

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North Franklin, CT 06254

11 Industrial Park Road
Niantic, CT 06357

(860) 963-2133

35 Kennedy Drive
Putnam, CT 06260

5 Founders Steet
Willimantic, CT 06226