



ORTHOPEDIC PARTNERS

NAME _____ DATE _____ DOB _____

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

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