

WPT New Patient Information

Patient Name: _____ Phone #: _____

Address: _____ City/State/Zip: _____

DOB: _____ Age: _____ Social Security #: _____

Email Address _____

Marital Status: _____ Spouse's Name: _____ Phone: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Referring Physican: _____ Primary Care Physician: _____

Is there anyone we can discuss your medical information with? YES NO

Name: _____

How may we contact you regarding appointments? TEXT EMAIL

Have you been a patient before? YES NO

Year: _____ Reason: _____

How did you hear about us?

Internet Paper Friend/Family....Name _____

I hereby authorize WPT, through its appropriate personnel to furnish medical care and treatment to me or the above named patient, considered necessary and proper in diagnosing or treating my physical condition.

Signature: _____ Date: _____

Acknowledgement of receipt of Notice of Privacy practices.

Name: _____ Date: _____

Name _____ Date _____ Visit _____

Please rate the severity of your pain over the last week by circling a number below.

No pain Unbearable pain

Please circle the ONE NUMBER in each section that most closely describes your problem.

Section 1 - Pain Intensity		Section 6 - Standing	
0	The pain comes and goes and is very mild.	0	I can stand as long as I want without pain.
1	The pain is mild and does not vary much.	1	I have some pain on standing but it does not increase with time.
2	The pain comes and goes and is moderate.	2	I cannot stand for longer than 1 hour without increasing pain.
3	The pain is moderated and does not vary much.	3	I cannot stand for longer than 1/2 hour without increasing pain.
4	The pain comes and goes and is severe.	4	I cannot stand for longer than 10 minutes without increasing pain.
5	The pain is severe and does not vary much.	5	I avoid standing because it increases the pain immediately.
Section 2 - Personal Care (Washing, Dressing, etc.)		Section 7 - Sleeping	
0	I would not have to change my way of washing or in order to avoid pain.	0	I have no pain in bed.
1	I do not normally change my way of washing or dressing even though it causes some pain.	1	I have pain in bed but it does not prevent me from sleeping well.
2	Washing and dressing increase the pain but I manage not to change my way of doing it.	2	Because of pain my normal nights sleep is reduced by less than 1/4.
3	Washing and dressing increase the pain and I find it necessary to change my way of doing it.	3	Because of pain my normal nights sleep is reduced by less than 1/2.
4	Because of the pain I am unable to do some washing and dressing without help.	4	Because of pain my normal nights sleep is reduced by less than 3/4.
5	Because of the pain I am unable to do any washing and dressing without help.	5	Pain prevents me from sleeping at all.
Section 3 - Lifting		Section 8 - Social Life	
0	I can lift heavy weights without extra pain.	0	My social life is normal and causes me no pain.
1	I can lift heavy weights but it gives extra pain.	1	My social life is normal but it increases the degree of pain.
2	Pain prevents me lifting heavy weights off the floor.	2	Pain has no significant effect on my social life apart from limiting my more energetic interests (e.g., dancing).
3	Pain prevents me lifting heavy weights off the floor, but I can manage if they are conveniently positioned (e.g., on a table).	3	Pain has restricted my social life and I don't go out very often.
4	Pain prevents me lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.	4	Pain has restricted my social life to my home.
5	I can only lift very light weights at most.	5	I have hardly any social life because of the pain.
Section 4 - Walking		Section 9 - Traveling	
0	I have no pain when walking.	0	I have no pain when traveling.
1	I have some pain when walking, but it does not increase with distance.	1	I have some pain when traveling but none of my usual forms of travel make it any worse.
2	I cannot walk more than 1 mile without increasing pain.	2	I have extra pain while traveling but it does not compel me to seek alternate forms of travel.
3	I cannot walk more than 1/2 mile without increasing pain.	3	I have extra pain while traveling which compels me to seek alternate forms of travel.
4	I cannot walk more than 1/4 mile without increasing pain.	4	Pain restricts me to short necessary journeys under 1/2 hour.
5	I cannot walk at all without increasing pain.	5	Pain restricts all forms of travel.
Section 5 - Sitting		Section 10 - Changing Degree of Pain	
0	I can sit in any chair as long as I like.	0	My pain is rapidly getting better.
1	I can sit in only my favorite chair as long as I like.	1	My pain fluctuates but is definitely getting better.
2	Pain prevent me from sitting more than 1 hour.	2	My pain seems to be getting better but improvement is slow.
3	Pain prevent me from sitting more than 1/2 hour.	3	My pain is neither getting better or worse.
4	Pain prevent me from sitting more than 10 minutes.	4	My pain is gradually worsening.
5	I avoid sitting because it increases pain immediately.	5	My pain is rapidly worsening.