

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 _____ Visit _____ Date _____

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

No pain Unbearable pain

Please circle one response to each question.

| | Extreme difficulty or unable to perform | Quite a bit of difficulty | Moderate difficulty | A little bit of difficulty | No difficulty |
|--|---|---------------------------|---------------------|----------------------------|---------------|
| 1. Any of your usual work, housework or school activities | 0 | 1 | 2 | 3 | 4 |
| 2. Your usual hobbies, recreational or sporting activities | 0 | 1 | 2 | 3 | 4 |
| 3. Getting into or out of the bath | 0 | 1 | 2 | 3 | 4 |
| 4. Walking between rooms | 0 | 1 | 2 | 3 | 4 |
| 5. Putting on your shoes or socks | 0 | 1 | 2 | 3 | 4 |
| 6. Squatting | 0 | 1 | 2 | 3 | 4 |
| 7. Lifting an object, like a bag of groceries from the floor | 0 | 1 | 2 | 3 | 4 |
| 8. Performing light activities around your home | 0 | 1 | 2 | 3 | 4 |
| 9. Performing heavy activities around your home | 0 | 1 | 2 | 3 | 4 |
| 10. Getting into or out of a car | 0 | 1 | 2 | 3 | 4 |
| 11. Walking 2 blocks | 0 | 1 | 2 | 3 | 4 |
| 12. Walking a mile | 0 | 1 | 2 | 3 | 4 |
| 13. Going up or down 10 stairs (≈ 1 flight) | 0 | 1 | 2 | 3 | 4 |
| 14. Standing for 1 hour | 0 | 1 | 2 | 3 | 4 |
| 15. Sitting for 1 hour | 0 | 1 | 2 | 3 | 4 |
| 16. Running on even ground | 0 | 1 | 2 | 3 | 4 |
| 17. Running on uneven ground | 0 | 1 | 2 | 3 | 4 |
| 18. Making sharp turns while running | 0 | 1 | 2 | 3 | 4 |
| 19. Hopping | 0 | 1 | 2 | 3 | 4 |
| 20. Rolling over in bed | 0 | 1 | 2 | 3 | 4 |
| Sum Column Totals: | | | | | |