

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: _____

Neck Disability Index

Sum of Scores _____ x 2 = _____ Final Score

Name _____ Date _____ Visit _____

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

No pain [0 1 2 3 4 5 6 7 8 9 10] Unbearable pain

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

Section 1 - Pain Intensity 0 I have no pain at the moment. 1 The pain is very mild at the moment. 2 The pain is moderate at the moment. 3 The pain is fairly severe at the moment. 4 The pain is very severe at the moment. 5 The pain is the worst imaginable at the moment.	Section 6 - Concentration 0 I can concentrate fully when I want to, with no difficulty. 1 I can concentrate fully when I want to, with slight difficulty. 2 I have a fair degree of difficulty in concentrating when I want to. 3 I have a lot of difficulty in concentrating when I want to. 4 I have a great deal of difficulty in concentrating when I want to. 5 I cannot concentrate at all.
Section 2 - Personal Care (Washing, Dressing, etc.) 0 I can look after myself normally, without causing extra pain. 1 I can look after myself normally, but it causes extra pain. 2 It is painful to look after myself and I am slow and careful. 3 I need some help, but manage most of my personal care 4 I need help every day in most aspects of self care. 5 I do not get dressed; I wash with difficulty and stay in bed.	Section 7 - Work 0 I can do as much work as I want to. 1 I can do my usual work, but no more. 2 I can do most of my usual work, but no more 3 I cannot do my usual work. 4 I can hardly do any work at all. 5 I can't do any work at all.
Section 3 - Lifting 0 I can lift heavy weights without extra pain. 1 I can lift heavy weights, but it gives extra pain. 2 Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table. 3 Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned. 4 I can lift very light weights. 5 I cannot lift or carry anything at all.	Section 8 - Driving 0 I can drive my car without any neck pain. 1 I can drive my car as long as I want, with slight pain in my neck. 2 I can drive my car as long as I want, with moderate pain in my neck. 3 I can't drive my car as long as I want, because of moderate pain in my neck. 4 I can hardly drive at all, because of severe pain in my neck. 5 I can't drive my car at all.
Section 4- Reading 0 I can read as much as I want to, with no pain in my neck. 1 I can read as much as I want to, with slight pain in my neck. 2 I can read as much as I want to, with moderate pain in my neck. 3 I can't read as much as I want, because of moderate pain in my neck. 4 I can hardly read at all, because of severe pain in my neck. 5 I cannot read at all.	Section 9 - Sleeping 0 I have no trouble sleeping. 1 My sleep is slightly disturbed (less than 1 hour sleepless) 2 My sleep is mildly disturbed (1-2 hours sleepless). 3 My sleep is moderately disturbed (2-3 hours sleepless). 4 My sleep is greatly disturbed (3-5 hours sleepless). 5 My sleep is completely disturbed (5-7 hours sleepless).
Section 5 - Headaches 0 I have no headaches at all. 1 I have slight headaches that come infrequently. 2 I have moderate headaches that come infrequently. 3 I have moderate headaches that come frequently. 4 I have severe headaches that come frequently. 5 I have headaches almost all the time.	Section 10 - Recreation 0 I am able to engage in all my recreation activities, with no neck pain at all. 1 I am able to engage in all my recreation activities, with some neck pain. 2 I am able to engage in most, but not all, of my usual recreation activities, because of pain in my neck. 3 I am able to engage in a few of my recreation activities, because of pain in my neck. 4 I can hardly do any recreation activities, because of pain in my neck. 5 I can't do any recreation activities at all.