

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 of Birth _____ Today's Date _____

Upper Extremity Functional Scale

We are interested in knowing whether you are having any difficulty with the activities listed below because of your upper limb problem for which you are currently seeking attention. Provide an answer for each activity.

Today, do you or would you have any difficulty with: (Circle one number on each line)

Activities	Extreme Difficulty or Unable to Perform Activity	Quite a Bit of Difficulty	Moderate Difficulty	A Little Bit of Difficulty	No Difficulty
a. Any of your usual work, household, or school activities.	0	1	2	3	4
b. Your usual hobbies, recreational or sporting activities.	0	1	2	3	4
c. Lifting a bag of groceries to waist level.	0	1	2	3	4
d. Lifting a bag of groceries above your head.	0	1	2	3	4
e. Grooming your hair.	0	1	2	3	4
f. Pushing up on your hands (e.g., from bathtub or chair).	0	1	2	3	4
g. Preparing food (e.g., peeling, cutting).	0	1	2	3	4
h. Driving.	0	1	2	3	4
i. Vacuuming, sweeping, or raking.	0	1	2	3	4
j. Dressing.	0	1	2	3	4
k. Doing up buttons.	0	1	2	3	4
l. Using tools or appliances.	0	1	2	3	4
m. Opening doors.	0	1	2	3	4
n. Cleaning.	0	1	2	3	4
o. Tying or lacing shoes.	0	1	2	3	4
p. Sleeping.	0	1	2	3	4
q. Laundering clothes (e.g., washing, ironing, folding).	0	1	2	3	4
r. Opening a jar.	0	1	2	3	4
s. Throwing a ball.	0	1	2	3	4
t. Carrying a small suitcase with your affected limb).	0	1	2	3	4

COLUMN TOTALS (for physical therapist use)

Score is the sum of all circled items. (range = 0-80)

Score: ___/80