



396 Danbury Road, Wilton, CT 06897
(P) 203-762-5623/(F) 203-762-9344

Name you would like to be called _____

Date _____

Name _____

Phone (H) _____ (W) _____

Address _____

Date of Birth _____ SS# _____

City _____ Zip _____

Email _____

Employer _____

Occupation _____

Address _____

City _____ Zip _____

Emergency Contact Person: _____

Phone # (H) _____ (W) _____ Relation _____

Date of Injury/Accident _____ How: _____

Due to: _____ work _____ car accident Other: _____

Is an attorney involved with this case? No Yes, attorney name: _____

Complaint/Diagnosis: _____

Doctors seen: _____

Tests performed: _____ X-Rays _____ MRI _____ CT Scan _____ EMG other: _____

Primary Care Physician _____ Date of last exam _____

Medical History: Have you ever had or currently have?

- | | | |
|------------------------------------|--------------------------|-------------------------------|
| _____ High Blood Pressure | _____ Cancer: _____ | _____ Osteoporosis |
| _____ Heart Attack | _____ Diabetes | _____ Arthritis: _____ |
| _____ Angina | _____ Asthma | _____ Swollen Feet/Ankles |
| _____ Shortness of Breath | _____ Seizures/Epilepsy | _____ Hearing Loss |
| _____ Stroke | _____ Fainting Spells | _____ Recent Weight Gain/Loss |
| _____ Pacemaker | _____ Frequent Headaches | _____ Pregnant? _____ weeks |
| _____ Communicable Diseases: _____ | | Other: _____ |
| _____ Allergies: _____ | | |
| _____ Surgery: _____ | | |

Medications: _____

How did you hear about WPT? Physician Network Employer Friend Coach Ad

To the best of my knowledge, this has been completed honestly and completely.

Signed: _____

Date: _____