



**New Patient No Fault form for Dr. Mark Harary**

Patient Name: \_\_\_\_\_

1. Date and location of Accident:

\_\_\_\_\_  
\_\_\_\_\_

2. What body part are we seeing you for today?

\_\_\_\_\_

3. Were you driving? \_\_\_\_\_

4. Were you wearing a seatbelt? \_\_\_\_\_

5. Pain level at **REST**: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (circle one)

6. Pain level with **ACTIVITY**: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (circle one)

7. Please describe what types of activities increase your pain (i.e., walking, running, bending, pushing, pulling...)

\_\_\_\_\_

8. Please describe what types of treatments you have used to decrease your pain (i.e., rest, medications, heat, ice... )

\_\_\_\_\_

9. Have you had treatment by another physician, or physical therapist for THIS problem (including Emergency Room)?

\_\_\_\_\_

If yes, please provide name of physician and approximate dates of treatment:

\_\_\_\_\_

\_\_\_\_\_

10. List any imaging done for THIS problem. Including dates and location where done. (i.e., X-rays, MRI, CT scans, etc...)

\_\_\_\_\_

\_\_\_\_\_