

## **BUFFALO SPINE SURGERY**

Center For Excellence in Spine Care

Dr. Andrew Cappuccino

Have you ever been had surgery for this problem? Yes No Number of times?	Have you ever been hospita	alized for this prob	lem? Yes No	Number of times?
Hospitals	Have you ever been had sur	rgery for this probl	em? Yes No	Number of times?
Hospitals	Please list Dates			
Surgeons				
Number of times? If yes, please explain  Please list medications that you are currently taking  Do you take antacids? Yes No (please provide medication name.)  Do you have any of the following conditions? Circle all that apply.  Stomach problems Diabetes Arthritis Heart  Bowel/bladder problems Hepatitis High blood pressure Cancer  Sexual difficulties Gout Epilepsy AIDS  Weight loss Psychiatric treatment or disorders Lung problems  Other  Details  Do you have allergies? Yes No (please list.)  Do you smoke? Yes No How many packs per day? How many years?  Do you drink alcohol? Yes No If yes, how much per week?  Do you use recreational drugs? Yes No If yes, which ones?				
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Please list medications that you are currently taking				
Do you take antacids? Yes No (please provide medication name.)  Do you have any of the following conditions? Circle all that apply.  Stomach problems Diabetes Arthritis Heart  Bowel/bladder problems Hepatitis High blood pressure Cancer  Sexual difficulties Gout Epilepsy AIDS  Weight loss Psychiatric treatment or disorders Lung problems  Other  Details  Do you have allergies? Yes No (please list.)  Do you smoke? Yes No How many packs per day? How many years?  Do you drink alcohol? Yes No If yes, how much per week?  Do you use recreational drugs? Yes No If yes, which ones?				
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Sexual difficulties Gout Epilepsy AIDS  Weight loss Psychiatric treatment or disorders Lung problems  Other  Details  Do you have allergies? Yes No (please list.)  Do you smoke? Yes No How many packs per day? How many years?  Do you drink alcohol? Yes No If yes, how much per week?  Do you use recreational drugs? Yes No If yes, which ones?	Stomach problems	Diabetes	Arthritis	Heart
Weight loss	Bowel/bladder problems	Hepatitis	High blood	pressure Cancer
Other  Details  Do you have allergies? Yes No (please list.)  Do you smoke? Yes No How many packs per day? How many years?  Do you drink alcohol? Yes No If yes, how much per week?  Do you use recreational drugs? Yes No If yes, which ones?	Sexual difficulties	Gout	Epilepsy	AIDS
Do you have allergies? Yes No (please list.)  Do you smoke? Yes No How many packs per day? How many years?  Do you drink alcohol? Yes No If yes, how much per week?  Do you use recreational drugs? Yes No If yes, which ones?	Weight loss	Psychiatric treatr	ment or disorder	Lung problems
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Do you drink alcohol? Yes No If yes, how much per week?  Do you use recreational drugs? Yes No If yes, which ones?	Do you have allergies? Y	es No (please lis	et.)	
Do you use recreational drugs? Yes No If yes, which ones?	Do you smoke? Yes No	How many packs	per day?	How many years?
그 한 병원 내가 가지 하는 것이 되었다. 그 사람은 하는 생각이 되었다.	Do you drink alcohol? Ye	es No If yes, how	w much per wee	k?
What other types of health care providers have you seen for this condition?	Do you use recreational dr	ugs? Yes No If	yes, which one	s?
	What other types of health	care providers have	ve you seen for t	his condition?
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