



BUFFALO SPINE SURGERY

Center For Excellence in Spine Care

Dr. Andrew Cappuccino

Have you ever been hospitalized for this problem? Yes No Number of times? _____

Have you ever been had surgery for this problem? Yes No Number of times? _____

Please list Dates _____

Hospitals _____

Surgeons _____

Have you ever been hospitalized for other medical or psychiatric problems? Yes No

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? _____

What other types of health care providers have you seen for this condition?
