



# BUFFALO SPINE SURGERY

Center For Excellence in Spine Care

Dr. Andrew Cappuccino

Do you have any additional information that would be helpful to understanding your problem?

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What was the last grade of school that you completed? \_\_\_\_\_

Please check all that apply.

- \_\_\_\_\_ I am on Workman's Compensation  
\_\_\_\_\_ I am receiving disability income  
\_\_\_\_\_ I have legal proceedings pending  
\_\_\_\_\_ I have malpractice proceedings pending, ongoing or settled

Do you plan to be at your regular job in 6 months? Yes No

Please send reports to (i.e. primary care physician, pain management)

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I have read and understand the above questions and have answered them truthfully and correct.

PLEASE PRINT NAME \_\_\_\_\_

PLEASE SIGN NAME \_\_\_\_\_

DATE \_\_\_\_\_