Comprehensive SpineCare

RAFAEL LEVIN, M.D.
Board Certified Adult & Pediatric Spinal Surgery

NOMAAN ASHRAF, M.D.
Board Certified Adult & Pediatric Spinal Surgery

JONATHAN P. LESTER. M.D
Board Certified Physical Medicine & Rehabilitation

Name_____

		Mark each box that applies
Family History of Substance Abuse	Alcohol	[ ]
	Illegal Drugs	[ ]
	Prescription Drugs	[ ]
Personal History of Substance Abuse	Alcohol	[ ]
	Illegal Drugs	[ ]
	Prescription Drug	[ ]
History of Preadolescent Sexual Abuse		[ ]
Psychological Disease	Attention Deficit Disorder	[ ]
	Obsessive Compulsive Disorder	[ ]
	Bipolar,Schizophrenia, Depression	[ ]

Have you felt the need to Cut down on your drinking? [ ]Yes [ ] No

Do you feel Annoyed by people complaining about your drinking? [ ]Yes [ ]No

Do you feel Guilty about your drinking? [ ] Yes [ ] No

Do you ever drink an Eye-opener in the morning to relieve shakes? [ ]Yes [ ] No

_____ _____

Patient Signature Date

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