

NEUROLOGICAL SPECIALISTS, P.C.

Diseases of the Nervous System * Sleep Disorders
Electromyography * Evoked Potentials
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Seth G. Spotnitz, M.D.

Olga Bogdanova, M.D.

NAME: _____ DATE: _____

Past surgical history

Past Hospitalizations (other than surgery) Dates & Location & Diagnosis

SOCIAL HISTORY:

Do you smoke Yes No Quit

How many packs per day _____

How long have you smoked _____

Smoked in the past Yes No

Alcohol Use Yes No Frequent Occasional

Who do you live with? _____

Occupation: _____