



Hawthorn Medical Associates

An Affiliate of STEWARD HEALTH CARE NETWORK 

Hawthorn Pediatrics

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CHILD'S NAME _____ DATE _____

DATE OF BIRTH _____ CHART # _____

FILLED OUT BY _____ RELATIONSHIP TO CHILD _____

Please take a few minutes to fill out the following questionnaire. This information will help us obtain a more complete picture of your child's physical, mental and behavioral development. The questionnaire we are using is approved and recommended by MassHealth and the American Academy of Pediatrics. Do not hesitate to ask any questions, and thank you for your time and assistance. If your insurance doesn't cover this service, please call our office manager.

DATE _____ NAME _____

CHART# _____

FILLED OUT BY _____ DATE OF BIRTH _____

The CRAFFT Questions

A Brief Screening Test for Adolescent Substance Abuse

C Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or using alcohol or drugs?

YES _____ NO _____

R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

YES _____ NO _____

A Do you ever use alcohol or drugs while you are by yourself, ALONE?

YES _____ NO _____

F Do you ever FORGET things you did while using alcohol or drugs?

YES _____ NO _____

F Do your family or FREINDS ever tell you that you should cut down on your drinking or drugs?

YES _____ NO _____

T Have you gotten into TROUBLE while you were using alcohol or drugs?

YES _____ NO _____