

Nose Questionnaire

Patient	Name:	·····	Date:	
1.	How long have you been interested in rhinoplas nose?			ance of your
2.	Is there a specific upcoming event or particular time?	reason you a	are seeking rhinoplast	/ surgery at this
3.	Have you previously had nose filler? Yes	_No	If yes, when	
4.	Any history of nasal trauma? Yes (If yes: when, mechanism of injury, treatment if a		ging done?)	
5.	Any prior or recent sinus infections?	Yes	No	
6.	Prior nasal or sinus surgery? (If yes: date, procedure, surgeon, please reques	Yes st the operation		
7.	Prior septum or turbinate surgery?	Yes	No	
8.	Prior ear surgery?	Yes	No	
9.	Any allergies or allergy testing?	Yes	No	
10.	Any history of bleeding from one or both sides of	of the nose?	Yes	No
11.	Any difficulty breathing from one or both sides o	f the nose?	Yes	No
12.	Do you use Afrin or Sudafed?	Yes	No	
13.	Do you currently or have you used Cocaine in the	ne past?	Yes	No
14.	Do you have Obstructive Sleep Apnea or use a	CPAP mach	ine? Yes No_	