

Nose Questionnaire

Patient Name: _____ **Date:** _____

1. How long have you been interested in rhinoplasty surgery or changing the appearance of your nose? _____
2. Is there a specific upcoming event or particular reason you are seeking rhinoplasty surgery at this time? _____
3. Have you previously had nose filler? Yes _____ No _____ If yes, when _____
4. Any history of nasal trauma? Yes _____ No _____
(If yes: when, mechanism of injury, treatment if any, any imaging done?)

5. Any prior or recent sinus infections? Yes _____ No _____
6. Prior nasal or sinus surgery? Yes _____ No _____
(If yes: date, procedure, surgeon, please request the operative report)

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 the nose? Yes _____ No _____
11. Any difficulty breathing from one or both sides of the nose? Yes _____ No _____
12. Do you use Afrin or Sudafed? Yes _____ No _____
13. Do you currently or have you used Cocaine in the past? Yes _____ No _____
14. Do you have Obstructive Sleep Apnea or use a CPAP machine? Yes _____ No _____