

ROBERT J. SPIES, MD, FACS
NASAL SURGERY QUESTIONNAIRE
(PLEASE COMPLETE ALL ITEMS. PLEASE PRINT)

Name: _____ Date: _____

1. Have ever had nasal surgery? No Yes
If so, when? _____ Name of Surgeon: _____

2. Have you ever injured your nose? No Yes
If yes when? _____ Who treated? _____

Please briefly describe how you injured your nose: _____

3. What do you feel is the chief problem with your nose now? _____

- 4. Do you have trouble breathing through your nose?..... No Yes
- 5. Do you have postnasal drip?..... No Yes
- 6. Do you have allergies or hay fever?..... No Yes
- 7. Have you ever been told that you have a deviated septum?..... No Yes
- 8. Have you ever been told that you have a perforated septum?..... No Yes
- 9. Have you ever been told that you have nasal polyps?..... No Yes
- 10. Have you ever had sinus trouble?..... No Yes
- 11. Do you have recurrent bleeding problems from the nose?..... No Yes
- 12. Do you have and bleeding disorders?..... No Yes
- 13. Do you bruise easily?..... No Yes
- 14. Are you allergic to any medications?..... No Yes
- 15. Do you need to wear glasses for reading or daily use?..... No Yes

I signify that the information provided is correct to the best of my knowledge.

SIGNED: **X** _____
(PATIENT)

