

**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?(please explain) \_\_\_\_\_

Who treated? \_\_\_\_\_

3. What is your main concern with your nose? \_\_\_\_\_  
\_\_\_\_\_

- 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 diagnosed with a deviated septum?.....No Yes
- 8. Have you ever been diagnosed with a 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 a bleeding disorder?..... 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