



NASAL/SINUS QUESTIONNAIRE

Answering the following questions will assist with your evaluation. We appreciate your assistance.

Name: _____ Date: _____

Why are you here? _____
How long have you had this problem? _____

Nasal Breathing

Do you have difficulty nasal breathing? _____ More on the left or right? _____
Do you have.... Nasal congestion? _____ For how long? _____ Nasal Polyps? _____
Post nasal drip? _____ Difficulty with sense of smell? _____ Nosebleeds? _____

Nasal Allergies

Do you have allergies? _____ Treatments you have tried? _____
What treatments have worked/notworked? _____
Do you have asthma? _____
What is the name/address of your allergist? _____

Headaches

Do you have headaches? _____ When did they start? _____
Describe them: Location? _____ How long do they last? _____
Intermittent or persistent? _____ What treatments have you tried? _____
What treatments have worked/notworked? _____

Sinus Infections

Do you have sinus infections? _____ How many per year? _____
Describe the drainage: Color? _____ Thick or thin? _____

Sinus X-rays

Have you had sinus x-rays? _____ Where? _____ When? _____
X-ray results? _____ Did you bring the films with you? _____

Nasal Trauma

Have you ever had nasal trauma or fracture? _____ When? _____
How did it happen? _____

Nasal Surgery

Have you ever had nasal or sinus surgery? _____ What kind (for sinus, for fracture?) _____
When? _____ Did it help? _____

Any other information that you wish to tell us? _____

Thank you for your assistance. If you have any questions or concerns please ask. We are all here to help in any way we can.

Dr. John Coniglio and Staff