



**CENTER FOR SURGERY OF THE HEAD AND NECK**  
VOICE CENTER OF ROCHESTER

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**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/not worked? \_\_\_\_\_  
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/not worked? \_\_\_\_\_

***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