

# THE LA JOLLA INSTITUTE OF PLASTIC SURGERY

James Casimir Pietraszek, M.D., F.A.C.S.

## NASAL SURGERY QUESTIONNAIRE

**Please complete this form in order to assist Dr. Pietraszek in discussing your surgical needs and goals.**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. HAVE YOU EVER HAD NASAL SURGERY? YES ( ) NO ( )

IF YES, WHEN? \_\_\_\_\_

NAME OF SURGEON? \_\_\_\_\_

2. HAVE YOU EVER INJURED YOUR NOSE? YES ( ) NO ( )

IF YES, WHEN? \_\_\_\_\_

WHERE TREATED? \_\_\_\_\_

3. WHAT DO YOU FEEL IS THE CHIEF PROBLEM WITH YOUR NOSE NOW?

\_\_\_\_\_  
\_\_\_\_\_

4. DO YOU HAVE ANY TROUBLE BREATHING? YES ( ) NO ( )

5. DO YOU HAVE POST NASAL DRIP? YES ( ) NO ( )

6. DO YOU HAVE ALLERGIES AND HAY FEVER? YES ( ) NO ( )

7. HAVE YOU EVER BEEN TOLD YOU HAVE A DEVIATED SEPTUM? YES ( ) NO ( )

8. HAVE YOU EVERY HAD SINUS TROUBLE? YES ( ) NO ( )

9. HAVE YOU EVER HAD NASAL POLYPS? YES ( ) NO ( )

10. DO YOU HAVE BLEEDING FROM THE NOSE? YES ( ) NO ( )

11. DO YOU HAVE BLEEDING DISORDERS? YES ( ) NO ( )

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