RHINOPLASTY QUESTIONNAIRE

Have you ever injured your nose? □ Yes □ No

Have you ever fractured your nose? □ Yes □ No □ Maybe
When? __________________________ How? __________________________

Did you seek medical treatment for the nasal fracture? □ Yes □ No

Did you have x-rays of the nasal fracture? □ Yes □ No

Do you have difficulty breathing through your nose? □ Yes □ No
When? Only at night? □ Yes □ No During exercise? □ Yes □ No
While eating? □ Yes □ No

Other _______________________________________________________________

Have you experienced any of the following:
□ Headaches □ Nasal allergy □ Nasal infections □ Nasal pain
□ Nose bleeds □ Runny nose □ Sinus infection □ Sinus pain
□ Snoring □ Sore throat

Have you ever seen a doctor for any of the above-listed problems? □ Yes □ No
Who ______________________________________________________________
When _____________________________________________________________
Findings __________________________________________________________

Treatment __________________________________________________________

Do you take any medication to improve your nasal breathing? □ Yes □ No
Which ones? _______________________________________________________
How often? _______________________________________________________

Have you ever had nasal surgery? □ Yes □ No
When? ___________________________________________________________
By whom? _________________________________________________________
Results ___________________________________________________________

Any problems or complications? □ Yes □ No
Do you wish to change the appearance of your nose? □Yes □No

How long have you considered changing the appearance of your nose? ____________________________

What parts of your nose bother you?

□Base □Bridge □Fracture Deformity □HeightLength □Profile
□Septum □Skin □Tip □Width
□Other_____________________________________

Are you interested in discussing a chin implant or liposuction on your neck? □Yes □No

**Insurance:**
Some nasal surgery is covered in part or in full by health insurance policies. Most cover functional reconstructive improvements, but do not cover cosmetic surgery. The insurance companies require a written report from our office before making a determination of benefits. This report will contain information you have provided on this form and the results of your examination. Polaroid photographs will also be taken and sent to your insurance company. It is entirely your choice if you would like us to prepare such a written report along with your photographs for pre-determination by your insurance company. Your insurance company will be billed for the report and the functional portion of your examination.

Do you wish this office to prepare an insurance determination report for payment of your nasal surgery? □Yes □No

Do we have your permission to send photographs of your nose to the insurance company?
□Yes □No

_________________________________________  ____________________________
Signature                                          Date