

## 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