

NEW PATIENT QUESTIONNAIRE

Name: _____ Middle: _____ Last: _____

Health Card#: _____ Date of Birth: _____

Home Address: _____

City / Prov: _____ Postal Code: _____

Home Phone: _____ Work / Cell: _____ E-mail: _____

Family Doctor: _____ Referring Doctor: _____

State the reason for your referral:

Do you have trouble breathing through your nose?:

- Yes
- No
- Other: _____

Does your breathing improve using decongestants (i.e. Otrivin?):

- Yes
- No

If yes, is the blockage:

- Right sided
- Left sided
- Both sided and always blocked
- Blockage alternates from side to side
- Worse when laying down
- Other: _____

Please include any other important information about your symptoms:

How is your sense of smell?:

- Normal
- Reduced
- Absent
- Hyper-acute / heightened
- Other: _____

If your sense of smell is reduced, how long has it been reduced for? (months/years):

Please include any other important information about your symptoms:

Do you have any nasal discharge?:

- Yes
- No
- Sometimes
- Other: _____

If you do have nasal discharge, is it:

- Clear
- Coloured
- Bloody (flecks or streaks of blood in mucous)
- Thick
- Thick and runny
- Other: _____

What direction does it run?:

- Out front of nose
- Drains backwards
- Front and back
- Other: _____

Do you get phlegm after eating:

- Yes
- No
- Sometimes

If yes / sometimes, do you suffer from GERD / acid reflux / heart burn?:

- Yes
- No
- On regular treatment for this

Current nasal treatments - which treatments have you used in the past 6 months for your symptoms?:

- Saline rinses (i.e. Netipot / Neilmed Sinus Rinses)
- Salin spray / mist
- Nasal Steroids
- Decongestants
- Antibiotics
- Prednisone
- Analgesics / Cold & Sinus Medications
- Other: _____

If you have used nasal steroids, which ones have you tried for more than 6 weeks regularly?:

- Have not used any for more than a few weeks/ days at a time
- Have only used once in awhile as needed
- Nasonex or Mometasone
- Avamys or Flonase
- Rhinocort Turbuhaler
- Pulmicort Sinus Rinses
- Beclomethasone
- Nasocort
- Other: _____

Do nasal saline rinses / sprays help your symptoms?:

- Yes
- No
- Sometimes

Do nasal steroids help your symptoms?:

- Yes
- No
- Sometimes

Other treatments?:

Have you ever had surgery on your nose or sinuses?
(include cosmetic rhinoplasty surgery / pituitary surgery):

- Yes
- No

Please list any nasal or sinus surgery that you have had in the past including dates:

Does anyone in your family have nasal, sinus, or allergy issues that they have had treated in the past?:

- Yes
- No
- Don't know

Please check any medical problems that you are currently being treated for:

- High blood pressure
- Heart disease
- Diabetes
- Respiratory/ lung problems
- Stomach or intestinal problems
- Kidney disorders
- Liver disorders
- Thyroid problems
- Neurologic problems
- Headaches/ migraines
- Tumors/ Cancer
- Other: _____

Please list any other medical conditions you are being treated for:

Please list previous operations you have had and if you have had any reactions to anesthetics:

Please list any medications that you take:

Do you have allergies?:

- Yes
- No

Have you had allergy testing by an allergist?:

- Yes
- No

Please list all allergies:

Do you smoke?:

- Yes
- No
- Sometimes

If you've smoked in the past, when did you quit?:

Do you drink alcohol?:

- Yes
- No

If yes, how many drinks per day / week?:

Do you, or have you used, any of the following?:

- Marijuana
- Cocaine
- Other: _____

REVIEW OF SYMPTOMS - PLEASE CHECK ALL SYMPTOMS YOU EXPERIENCE:

General Symptoms

- Unexplained weight loss
- Fatigue
- Night Sweats
- Snoring/ Sleep apnea

Eyes

- Eye pain
- Dry eyes
- Itchy/ watery eyes
- Double vision
- Sudden vision change

General ears, nose, and throat symptoms:

- hearing loss
- dizziness
- ear plugging
- ear noises
- ear pain
- hoarseness
- throat clearing
- difficulty swallowing
- throat pain

Muscoskeletal:

- joint pain
- bone pain
- muscle pain
- muscle spasms
- joint swelling
- TMJ issues

Skin:

- rash
- itchiness
- eczema
- hives

Respiratory:

- Asthma
- COPD
- Bronchitis
- Shortness of breath
- Other: _____

Gastrointestinal:

- nausea or vomiting
- Reflux / GERD
- Heartburn
- IBS
- Crohn's / Colitis

Cardiac:

- chest pain
- Palpitation
- Heart attack in the past

Urinary:

- Frequent urination
- Painful urination
- Incontinence
- Blood in urine
- kidney stones

Neurological - psychiatric:

- depression
- headaches
- mood swings
- seizures
- weakness

SUBMIT IN EMAIL

SYMPTOM SCORE CARDS

Name: Middle: Last:

Health Card#: Date of Birth:

Home Address:

City / Prov: Postal Code:

Home Phone: Work / Cell: E-mail:

Family Doctor: Referring Doctor:

SINONASAL OUTCOME TEST 22

0 = NO PROBLEM
5 = SEVERE PROBLEM

Need to blow nose	0	1	2	3	4	5
Sneezing	0	1	2	3	4	5
Runny Nose	0	1	2	3	4	5
Nasal obstruction	0	1	2	3	4	5
Loss of smell / taste	0	1	2	3	4	5
Coughing	0	1	2	3	4	5
Post nasal drip	0	1	2	3	4	5
Thick nasal discharge	0	1	2	3	4	5
Ear fullness / plugging	0	1	2	3	4	5
Dizziness	0	1	2	3	4	5
Ear pain	0	1	2	3	4	5
Facial pain / pressure	0	1	2	3	4	5
Difficulty sleeping	0	1	2	3	4	5
Waking up at night	0	1	2	3	4	5
Fatigue	0	1	2	3	4	5
Reduced Productivity	0	1	2	3	4	5
Frustrated / irritated	0	1	2	3	4	5
Sad	0	1	2	3	4	5
Embarrassed	0	1	2	3	4	5

YOUR SCORE: _____

REFLUX SYMPTOM INDEX

0 = NO PROBLEM
5 = SEVERE PROBLEM

Hoarseness / voice problems	0	1	2	3	4	5
Throat clearing	0	1	2	3	4	5
Excess throat mucous / phlegm	0	1	2	3	4	5
Difficulty swallowing	0	1	2	3	4	5
Coughing when laying down / after eating	0	1	2	3	4	5
Troublesome / annoying cough	0	1	2	3	4	5
Sensation of sticking / lump in throat	0	1	2	3	4	5
Breathing / choking problems	0	1	2	3	4	5
Heartburn / indigestion	0	1	2	3	4	5

YOUR SCORE: _____

NASAL OBSTRUCTION SYMPTOM EVALUATION

0 = NO PROBLEM
4 = SEVERE PROBLEM

Nasal stuffiness	0	1	2	3	4
Nasal obstruction or discharge	0	1	2	3	4
Trouble breathing through nose	0	1	2	3	4
Trouble sleeping	0	1	2	3	4
Unable to get enough air through nose with exercise / exertion	0	1	2	3	4

YOUR SCORE: _____

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