


Premier Plastic Surgery Center
Nose Questionnaire

NAME _____ DATE _____/_____/_____

Have you ever broken your nose? Yes No
 Have you ever cut your nose and needed stitches? Yes No
 Do you have problems breathing out of one side of your nose? Yes No
 Do you have allergies to environmental airborne particles (such as pollen)? Yes No
 Do you have seasonal allergies? Yes No
 If so, which season is the worst for you? _____
 Have you ever had any nasal or sinus surgery? Yes No
 If so, when? _____
 Do you have chronic sinus problems? Yes No
 Have you ever used cocaine (inhaled through your nose)? Yes No
 Any prior facial surgery? Yes No If so, what? _____

Please circle all the things that you would like changed about your nose, cheeks, or chin:

Take down "bump"	Make the bridge narrower	Make the tip narrower
Shorten the nose	Lengthen the nose	Make nostrils narrower
Improve skin texture	Improve airways	Make tip project more
Straighten nose	Make cheeks fuller	
Make chin larger	Make chin smaller	
Other _____		

How long have you been unsatisfied with your appearance? _____
 What has changed recently that motivated you to make an appointment? _____

How much does your appearance bother you?
 A little Somewhat A lot A whole lot!
 Is your dissatisfaction with your appearance affecting your lifestyle? Yes No
 If yes, please explain _____
 Have you already consulted other physicians regarding your appearance? Yes No
 If so, how many have you seen? _____

Signature

OFFICE USE ONLY BELOW THIS LINE

Exam Date _____/_____/20_____

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Septal deviation	Right airway narrower	Left airway narrower	
Large turbinates	Normal turbinates	Small turbinates	
Dorsal reduction	Dorsal narrowing	Onlay graft	
Tip reduction	Tip narrowing	Columellar strut	Tip graft
Weir excisions	Open	Closed	
Septoplasty	Ear cartilage graft	Septal graft	Spreader grafts