



**DR. ROBERT HOUSER**  
 COSMETIC & PLASTIC SURGERY  
 OF COLUMBUS, INC

41 Commerce Park Drive · Westerville, OH 43082  
 Phone: 614.890.5565 · Facsimile: 614.890.5561  
[www.Drroberthouser.com](http://www.Drroberthouser.com)

## Nasal Questionnaire (Rhinoplasty & Septoplasty)

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Have you ever had nasal surgery?      Yes\_\_\_\_\_ No\_\_\_\_\_      If so,  
 when? \_\_\_\_\_
  
2. Have you ever injured your nose?      Yes \_\_\_\_\_ No\_\_\_\_\_      If yes, please explain. (Include when  
 accident happened.)  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. What do you feel is the chief problem with your nose?  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. Have you ever been told you have a deviated nasal septum? Yes\_\_\_\_\_ No\_\_\_\_\_
5. Have you ever been told that you have nasal polyps?      Yes\_\_\_\_\_ No\_\_\_\_\_
6. Do you have any trouble breathing?      Yes\_\_\_\_\_ No\_\_\_\_\_
7. Do you have post-nasal drip?      Yes\_\_\_\_\_ No\_\_\_\_\_
8. Do you have allergies or hay fever?      Yes\_\_\_\_\_ No\_\_\_\_\_
9. Have you ever had sinus trouble?      Yes\_\_\_\_\_ No\_\_\_\_\_
10. Do you have bleeding from the nose?      Yes\_\_\_\_\_ No\_\_\_\_\_
11. Do you have any type of bleeding disorder?      Yes\_\_\_\_\_ No\_\_\_\_\_
12. Do you bruise easily?      Yes\_\_\_\_\_ No\_\_\_\_\_
13. Are you allergic to any medications?      Yes\_\_\_\_\_ No\_\_\_\_\_

If so, please  
 list. \_\_\_\_\_  
 \_\_\_\_\_

