

LOHNER PLASTIC SURGERY

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Patient Name: _____ Date: _____

NASAL SURGERY QUESTIONNAIRE

Have you ever has nasal surgery? (please circle) YES NO

If yes, when and please describe _____

Has your nose ever been injured? YES NO

If yes, when and please describe _____

Can you supply documentation to substantiate a fractured nose (X-ray report, Emergency Room Records, or a treatment plan from a Physician)? YES NO

What do you feel is the chief problem with your nose now? _____

Do you have trouble breathing? YES NO

Do you have post nasal drip? YES NO

Do you have allergies or hay fever? YES NO

Have you been told you have a deviated septum? YES NO

Have you ever had sinus trouble? YES NO

Do you have any bleeding disorder? YES NO

If yes, please describe _____

Have you/ do you use intranasal steroids? YES NO

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