

SIEGEL BOSWORTH Ear, Nose & Throat Center

Ultramodern care backed by traditional values

Patient Name: _____

Date: _____

SINUSITIS QUESTIONNAIRE

1. How many antibiotic-treated episodes of sinusitis do you get per year? _____
For how many years? _____

2. What are your typical sinusitis symptoms? _____

3. How has your sinusitis been treated in the past? _____

4. Have you had sinus surgery? _____
If so, when and by whom? _____

5. Do you have a history of allergies? _____
Seasonal or year round? _____

Have you received allergy testing? _____
If so, when? _____

What were your allergen sensitivities? _____

Are you currently followed by an allergist? _____
If so, who is it? _____

Have you received or are you currently receiving allergy immunotherapy? _____
For how long? _____

6. Have you obtained a sinus CT in the past? _____
If so, where was it performed and when? _____

PLEASE BRING A COPY OF ALL THE SINUS SCANS CD'S WITH YOU TO YOUR APPOINTMENT