

Virgin Islands Ear Nose and Throat

Paragon Medical Building - Suite 308
9149 Estate Thomas, Charlotte Amalie
St. Thomas, VI 00802

Nasal Sinus Questionnaire

Patient's Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed

Gender: ___ Male ___ Female Date of Birth: _____ Age: _____

Symptoms

What are your symptoms? _____

How long have you had this problem? _____

Do you know the cause of your problem? ___ Yes ___ No

If yes, what _____

Do you have nasal congestion or stuffiness? ___ Yes ___ No

Do you use an over-the-counter nasal spray? ___ Yes ___ No

What brand? _____

Do you have post-nasal drip? ___ Yes ___ No

What type? ___ Thin and Watery ___ Thick ___ Clear
_____ Color White/Yellow/Green (pus-like) ___ Bloody

What time of day is it worst? _____
