

CT SCAN SINUS QUESTIONNAIRE

Patient Name: _____ Date: _____

Are you seeing an ears, nose and throat doctor (ENT) for you sinus problems: Y N

If yes, please give the name of the ears, nose and throat specialist (ENT):

What symptoms are you having:

Headaches Y N

Excess mucous production Y N

Visual problems Y N

Facial pain Y N

Other (please explain):

How long have you been having these symptoms:

Have you been on antibiotics: Y N

If yes, how long:

Have you had surgery: Y N

If yes, please explain:

Have you had cancer of the face or sinuses: Y N

If yes, please explain:

Have you ever had a fracture of the facial / nasal bones: Y N

If yes, please explain:

Patient Signature Date