NORTH OAKLAND EAR, NOSE & THROAT CENTERS, P.C.

Sinus Consult Questionnaire:

How many sinus infections have you had in 1 full year? (Please select one)

2-3 6-8 more than 10
4-6 9-10

When was your last infection?

Who treats the infections? (ex: urgent care, primary care)

What medications were you given for the infection? (ex: Antibiotics or steroids given and last dose taken) Date last on:_____

Amoxicillin
Penicillin
Cephalexin (Keflex)
Clindamycin
Z-pack
Prednisone
Azithromycin
Levofloxacin
Doxycycline
Augmentin
Zithromax

Please circle any of the following issues you have:

Change in sense of smell or taste
Drainage
Headaches
Facial pain
Other:_____
Facial pressure
Head pressure
Nasal congestion
Trouble Breathing through Nose

Please complete page two

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Please Circle any medication you have tried in the past:

Sinus rinse (ex: Neti pot)	Xyzal
Flonase	Allergra
Nasacort	Generic Allergy pill
Rhinocort	Claritin
Generic nasal spray	Azelastine

Other:_____

Were any of the medications helpful? **Yes** **No**

If yes, how helpful were the medications? **Not helpful** **Somewhat helpful** **Extremely helpful**

Have you ever had any of the following tests? If yes please circle and then on the line below answer where:

Xray –Head	Xray-Sinus
CT –Head	CT-Sinus
MRI-Head	Allergy testing

Location of testing and date if known: _____