



7164 Hacks Cross Rd, Suite 105/106
Olive Branch, MS 38654
o 662.895.6455
f 662.895.6460

WELCOME TO OUR OFFICE SINUS QUESTIONNAIRE

We pride ourselves in the efficiency of our office. If you provide **all** of the information below, we are able to serve you better in filing of your insurance and your medical care.

PLEASE DO NOT LEAVE ANYTHING BLANK. Thank you.

How many sinus infections do you normally have in a year?

What symptoms do you normally have when you have an infection? (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Nasal congestion |
| <input type="checkbox"/> Facial pain or pressure | <input type="checkbox"/> Loss of smell/taste |
| <input type="checkbox"/> Clear nasal drainage | <input type="checkbox"/> Foul smell in nose |
| <input type="checkbox"/> Yellow/green nasal drainage | <input type="checkbox"/> History of nasal polyps |

Please check all antibiotics that you have taken for a sinus infection in the last year and the length of time you have taken them.

- | | |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Amoxicillin | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> Augmentin | <input type="checkbox"/> 7 days |
| <input type="checkbox"/> Avelox | <input type="checkbox"/> 10 days |
| <input type="checkbox"/> Bactrim | <input type="checkbox"/> 14 days |
| <input type="checkbox"/> Biaxin | <input type="checkbox"/> 21 days |
| <input type="checkbox"/> Ceclor | |
| <input type="checkbox"/> Ceftin | |
| <input type="checkbox"/> Cefzil | |
| <input type="checkbox"/> Clindamycin | |
| <input type="checkbox"/> Doxycycline | |
| <input type="checkbox"/> Levaquin | |
| <input type="checkbox"/> Omnicef | |
| <input type="checkbox"/> Zithromax | |