GARRETT H. BENNETT, M.D.
Sinus and Nasal Surgery
115 East 61st Street, Suite 7C
New York, NY 10065-8183
(212) 980-260Fax: (212) 991-3009

PATIENT QUESTIONNAIRE

Patient Name: ______________________________

Planned Procedure: ______________________________

____

____

Please list ALL PAST SURGERIES:

____

____

____

Anesthesia Problems: **Yes** **No**
If Yes, please list:

____

Please list ALL MEDICATIONS, including DOSAGE:

____

____

____

____

____

List any ALLERGIES (medications/food/inhalant):

____

____

Do you smoke? Yes No
Did you previously smoke? Yes No

Packs per day: _______ for _______ years Quit _______

Do you use recreational drugs? Yes No
Please list ____________________ How often ________

____

Please list any non-prescription medications:
(e.g. cold tablets, vitamins)

____

Please list any HERBAL:
(e.g. Ginkgo, Ginseng, St. John's Wort, Echinacea)

____

____

Weight: ______________________________

Height: ______________________________

Check any symptoms you have recently experienced:

- Fever / Chills
- Weakness
- Pain (identify location):
- Weight Loss
- Fatigue
- Other ____________________

Please list ALL YOUR medical conditions:

- None
- Anxiety
- Arthritis
- Asthma
- Bleeding Problems
- Bronchitis
- Chest Pain
- COPD
- Depression
- Excessive Bruising
- Glaucoma
- Heart Attack
- Heat / Cold Problems
- Hiatal Hernia
- High Blood Pressure
- Other: ________________
- Kidney Disease
- Liver Disease
- Pacemaker
- Palpitations/Irregular heart
- Pneumonia
- Reflux
- Seizure
- Shortness of Breath
- Sleep Apnea
- Stroke
- TB
- Thyroid Disease
- Ulcer
- Urinary Problems
- ADD/ADHD
- Other ____________________

Family History of Medical Conditions:

- Asthma
- Cancer
- Diabetes
- Emphysema
- Heart
- High Blood Pressure
- Stroke
- Other: ____________________

Are you interested in a cosmetic consultation?
Yes No

Date: ____________________ **Signature:** ______________________________