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Rhinoplasty Questionnaire

Date: _____

Name: _____ Age: _____ Ethnic background: _____

Are you interested in: Surgery Non-Surgical modification Either

How happy are you with your nasal appearance currently? (1-10 with 10 being very happy) _____

How happy are you with your facial appearance currently? (1-10 with 10 being very happy) _____

In a sentence, tell us how you would like your nose to be different, why, and how long you've considered it:

In order of importance, what would you like to modify about your nose?

- 1.
- 2.
- 3.

Which view concerns you the most? Profile Frontal ¾ View

How are you breathing through your nose?

Have you had previous nasal surgeries, if yes, when?

Have you had previous consultations about your nose? If yes, when?

What are your biggest concerns about rhinoplasty?