

## Sinus CT Questionnaire

**If you are scheduled to have a Sinus CT performed, it will be helpful for you to print this form, complete it and bring it with you to your exam appointment. The Technologist who performs your exam will use this information to prepare for your exam.**

1. What was your chief complaint when you saw your doctor? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What symptoms are you experiencing today? \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever had a CT Scan of your sinuses?  Yes  No
4. Are you currently being treated for sinusitis?  Yes  No  
If yes, with what? \_\_\_\_\_ For how long? \_\_\_\_\_
5. Have you ever had sinus surgery?  Yes  No
6. Do you have allergies?  Yes  No  
If yes, please explain: \_\_\_\_\_
7. Do you use nasal sprays regularly?  Yes  No If yes, what brand? \_\_\_\_\_
8. Is there any chance of pregnancy?  Yes  No  N/A Date of last menstrual period: \_\_\_\_\_

Any questions? Call our office, 203-453-5123.