



Ear, Nose and Throat and Facial Plastic Surgery Center of Fredericksburg, P.C.

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Patient Name: _____ Chart # _____

TONSILS AND ADENOIDS QUESTIONNAIRE

Please answer the following questions regarding the patient's symptoms.

Does patient commonly experience any of the following (please mark all that apply):

- _____ Snoring
- _____ Mouth breathing
- _____ Difficulty breathing

Approximately how many throat infections has the patient had in the past three years?

Was the patient treated with antibiotics? _____

If so, what type? _____

During these episodes, did the patient experience any of the following (please mark all that apply):

- | | |
|--|-------------------------------|
| _____ Elevated temperature | _____ Poor school performance |
| _____ Swollen neck and/ or lymph nodes | _____ Bed-wetting |
| _____ Debris from tonsils | _____ Growth retention |
| _____ Positive Strep test/ culture | _____ Behavioral problems |
| _____ Peritonsillar abscess | |