

EVALUATION FOR RHINOPLASTY  
Patrick Hudson MD PA, Plastic Surgery

PATIENT SIDE (FRONT) - **please answer all questions and Fax (505 242 0060) or bring with you**

1. Today's date: \_\_\_\_\_ 2. Your name: \_\_\_\_\_

3. How old are you? \_\_\_\_\_ 4. Are you married or in a long term relationship? yes no

5. What is your job? \_\_\_\_\_

6. What best describes your problem (you can circle more than one)?:

bump on nose

fullness of tip

nose not straight

difficulty breathing

nose too big

nose too small

other (describe):

7. How long have you had this problem? years \_\_\_\_\_ months \_\_\_\_\_

8. Have you had surgery on the nose before? yes no

9. Have you broken your nose? yes no

10. Are you v, or have you seen, a psychotherapist or psychiatrist? yes no

11. Are you taking any psychotropic medicines e.g. antidepressants, anxiety medicines, etc?

yes no

If yes, what medicine? \_\_\_\_\_

Prescribed by:

12. Has anyone commented about the appearance of your nose? yes no

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DR. HUDSON WILL COMPLETE THIS PAGE (BACK) - **DO NOT ANSWER THESE QUESTIONS**

Patient name: \_\_\_\_\_

DORSUM

SEPTUM

TIP

LIP

PROFILE

RECOMMENDATIONS

Full rhinoplasty • tip rhinoplasty • dorsum lowering • graft • implant  
other \_\_\_\_\_

COMPLICATIONS

bruising • swelling • bleeding • infection • numbness • scar • asymmetry • poor healing •  
dissatisfaction (2nd OP) • 90% satisfaction  
palpable lump at fracture site • change in sense of smell • septal perforation • difficulty breathing  
incomplete resolution of hump • open book appearance  
GA • No Guarantee • BCPs/hormones • thromboembolism (clots) • website • smoking • 2nd hand smoke  
other \_\_\_\_\_

These issues were discussed with me by Dr. Hudson: \_\_\_\_\_ (patient initials) \_\_\_\_\_ (witness initials)

Date: \_\_\_\_\_