HOW TO PREPARE FOR YOUR FIRST CONSULTATION?

When you experience symptoms of chronic rhinosinusitis, it is important to talk to your healthcare provider to receive a correct diagnosis, treatment plan and/or referral to a specialist for further evaluation.

Our document will help you get ready to make the most of your first consultation with your healthcare provider.

For many patients, having a companion with you at your consultation can be helpful. They can assist in asking all the questions you might have and help in remembering and noting down all the important details discussed with your doctor.

Also, if you're feeling overwhelmed, having someone with you can provide that all-important emotional support and help process the information more calmly.



BEFORE your first consultation

1 Overview of my symptoms

Below is a list of symptoms related to your nasal condition. Please **rate how bothersome each symptom** has been for you over the past two weeks, using a scale from 0 to 5, where 0 means no problem at all and 5 means as bad as it can be. Also, for each symptom, please indicate how often it occurs: occasional, seasonal, or always.

Type of symptom	Symptom severity in the past two weeks	Symptom frequency
 Stuffy/blocked nose	0 - 1 - 2 - 3 - 4 - 5	Occasional–seasonal–always
 Runny nose	0 - 1 - 2 - 3 - 4 - 5	Occasional–seasonal–always
 Facial pain/headache/pressure	0 - 1 - 2 - 3 - 4 - 5	Occasional–seasonal–always
 Loss of smell	0 - 1 - 2 - 3 - 4 - 5	Occasional–seasonal–always
 Mucus dripping into the back of the throat	0 - 1 - 2 - 3 - 4 - 5	Occasional–seasonal–always
Other: _____	0 - 1 - 2 - 3 - 4 - 5	Occasional–seasonal–always
Other: _____	0 - 1 - 2 - 3 - 4 - 5	Occasional–seasonal–always

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2 Information about my lifestyle

Understanding your lifestyle is crucial in identifying potential causes of your symptoms.
Please select the appropriate answer that reflects your lifestyle by circling it.

Do you smoke/vape?	Yes – Formerly – Never
Do you drink alcohol on a daily basis?	Yes - No
Do you use recreational drugs?	Yes - No
Frequently exposed to dust/chemicals at work?	Yes – Formerly – No
Frequently exposed to dust/chemicals during your leisure time?	Yes – Formerly – No
Do you have pets?	Yes - No

When did your symptoms start?

1 - 3 days ago ○ 4 - 7 days ago ○ > 1 week ○ > 2 weeks ○

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3 My medical history

Please indicate any medical conditions that are relevant to you by checking the appropriate boxes below. This includes both current conditions and any you may have had in the past.

- **Allergies**
  (grass/tree pollen, animal dander, house dust mite, allergic reaction to medication) ○
- **Lung/bronchial disease**
  (asthma, COPD, pneumonia, chronic bronchitis, emphysema, chronic cough, use of a C-PAP machine) ○
- **Cardiovascular disease**
  (high blood pressure, high cholesterol, heart arrhythmia, heart failure) ○
- **Hormonal disorders**
  (diabetes, thyroid disorders, adrenal problems) ○
- **Gastrointestinal disease**
  (gastroesophageal reflux, gastric ulcers, hepatitis) ○
- **Skin disease**
  (atopic dermatitis/eczema, urticaria, psoriasis) ○
- **Kidney disease**
  (renal insufficiency, chronic kidney disease) ○
- **Eye disease**
  (cataract, glaucoma, allergic conjunctivitis, dry eye syndrome) ○
- **Neurological disorders**
  (epilepsy, migraine, stroke, multiple sclerosis) ○
- **Mental health conditions**
  (anxiety disorder, depression, addiction) ○
- **Cancer or tumours**
  (benign, malignant or unknown) ○
- **Auto-immune disorders**
  (lupus, sarcoidosis, Crohn's disease, granulomatosis with polyangiitis/GPA, rheumatoid arthritis, Sjogren's syndrome, Churg-Strauss syndrome) ○
- **Family history?**
  (CRS, nasal polyp syndrome, asthma, COPD, hay fever, food allergy and eczema) ○
- **Other disease:** _____ ○

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4 My surgical history

Please list any surgeries you have had, with special attention to those involving your head, face or neck. This includes surgeries on your nose, teeth or jaw, ears, throat, brain or skull. Even if the surgery seems unrelated, please include all procedures, as this information may be important for understanding your nasal issues.

What type of surgery?	How long ago?		
	< 1 year	1 - 2 years	> 2 years
1. _____	○	○	○
2. _____	○	○	○
3. _____	○	○	○
4. _____	○	○	○
5. _____	○	○	○
6. _____	○	○	○
7. _____	○	○	○
8. _____	○	○	○

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5 My medication overview

Please list all the medications and supplements you are currently using. This includes not only tablets but also liquids like nasal sprays, syrups, and eye drops; topical treatments (creams, ointments); and any other forms of medication. Be sure to include both prescription medications and any over-the-counter treatments (those you buy without a prescription).

Example:

Medication name	Reason	Dose unit	When, how much I take
Paracetamol	Pain management	1000mg	Max. 3 times per day, 1 tablet
Hydrocortisone cream	Eczema	1% w/w	Once a day, 1 fingertip

Medication name	Reason	Dose unit	When and how much I take

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BEFORE your first consultation

1 My questions

It's helpful to think ahead about any questions you'd like to ask your doctor. You can write them down below and also note the doctor's responses. If you have a support person with you during the consultation, they may also ask questions to help you get the most out of your visit.

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2 Tips/tricks and information provided by my doctor

Taking notes during your consultation can be very helpful, especially since it can feel overwhelming to get a lot of information at once. You can even ask your doctor to help you write down the key points so you don't forget them. This might include important details about your health or condition, tips to manage it, and advice on how to use your treatment properly.

General information

Tips/tricks to help improve my condition:

Advice on how to use or take my medication/treatment correctly:

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This document does not provide medical advice!

The information, including but not limited to, text, graphics, and images is for informational purposes only. No material from this document is intended to be a substitute for professional medical advice, diagnosis, or treatment and/or medical treatment of a qualified physician or healthcare provider.

EUFOREA is not a medical organization and cannot provide specific medical advice to patients via the Internet and/or E-mail.

All patients are encouraged to direct their specific questions to their physicians.

Thank you for your trust in EUFOREA!



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