

Patient Name:

DOB:

MR #:

UW Health
(University of Wisconsin Hospitals and Clinics Authority)
FACIAL NERVE PARALYSIS QUESTIONNAIRE

Index to Questionnaire – Health\Encounter

10. Please describe how your face looks compared to the unaffected side (check box):

Eye size? larger smaller equal

Nasolabial fold (crease between nose and corner of mouth)? deeper less deep equal

Neck cords during smile or pucker? present not present

11. Past surgeries on your ear, face, or neck (list and before or after paralysis including dates): _____

12. Past therapy (include dates and location on face): _____

13. Past botulinum (Botox or Xeomin) injections (include dates and location on face): _____

14. Patients with facial nerve paralysis often have symptoms of depression, anxiety, and difficulties coping with changes in how they look. Would you like to be referred to a provider who can talk with you more about how you are coping and adjusting to this medical condition? yes no

Signature of Patient/Representative: _____ Date: _____ Time: _____

If signed by person other than the patient, print name and state relationship and authority to do so.

Print Name: _____ Relationship: _____

Patient is: Minor Incompetent/Incapacitated
Legal Authority: Legal Guardian Parent of Minor
 Health Care Agent Other _____

Reviewed by: _____ Date: _____ Time: _____