## \*\*Thank you for your interest in the Eustachian Tube Dilation Study\*\* NAME TELEPHONE NUMBER DATE Please indicate the answers to the following questions by circling the Y or N: **1.** Are you a female who is currently pregnant or lactating? Υ **2.** Have you undergone a major surgery to the head or neck within the last 4 months (ex: adenoidectomy, sinus surgery)? Υ Ν **3.** Have you ever been treated for otitis media (ear infections)? Υ **4.** Do you have a perforated tympanic membrane (ear drum)? Υ **5.** Have you ever been diagnosed with an abnormality of the tympanic membrane (ear drum)? **6.** Do you have a tympanostomy tube in either ear? Υ **7.** Are you currently being treated for TMJ? **8.** Do you currently have an acute upper respiratory infection? Υ **9.** Do you have a history of cleft palate or cleft palate repair? Υ 10. Do you have cystic fibrosis? 11. Do you have any immunodeficiency disorders or are you actively taking any immunosuppressive drugs?

12. Have you undergone prior surgical intervention on your

eustachian tubes(including balloon dilation, laser or mechanical tuboplasty)? Y N

Υ

Kindly email or fax back this completed form to 212-452-3660

THANK YOU