

## ESTHE-GYN PATIENT REGISTRATION FORM

Thanks you for selecting us for your healthcare needs. We are dedicated to providing you with the best personalized healthcare and solutions. To help us do this, please fill out this form completely . Please download, print and complete this form and bring it with you to your consultation or sent it to us via email.

### PERSONAL INFORMATION

Today's date\_\_\_\_\_ Birthday\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

Age \_\_\_\_\_

### TELEPHONE INFORMATION

Home Phone\_\_\_\_\_

E-Mail \_\_\_\_\_ Mobile Phone\_\_\_\_\_

**(We prefer and encourage e-mail communication for speed and efficiency)**

Contact\_\_\_\_\_ Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_

Mobile Phone\_\_\_\_\_ E-Mail\_\_\_\_\_

## RESTORATIVE VAGINAL SURGERY QUESTIONNAIRE

### Labia

\_\_\_\_\_ My labia are larger than what I want

\_\_\_\_\_ One labia is much larger or irregular than the other

\_\_\_\_\_ My labia rub, tug, and pull on my clothing

\_\_\_\_\_ I do not like the way my labia look

\_\_\_\_\_ I do not like the extra skin next to the clitoris

\_\_\_\_\_ I am unable to wear the type of clothing I want

\_\_\_\_\_ I have had unflattering comments about my labia

\_\_\_\_\_ Sex is uncomfortable and unpleasant at times

\_\_\_\_\_ My outer labia (majora) sag or are too big

**Vagina**

- \_\_\_\_\_ I have decreased feeling during intercourse
- \_\_\_\_\_ My vagina feels too loose
- \_\_\_\_\_ I have had difficult births
- \_\_\_\_\_ I sometimes pass air from the vagina
- \_\_\_\_\_ I have difficulty retaining tampons
- \_\_\_\_\_ I leak urine every time I cough, laugh, exercise or strain down