



# Cosmetic Gynecology Questionnaire

Name: \_\_\_\_\_

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

Purpose of Visit: \_\_\_\_\_

Please check all that apply

**Vaginal Rejuvenation:**

- Decreased sensation with intercourse for one/both partners
- Partner falls out with thrusting
- Gas-like noises during sex
- Problems with tampon usage
- Has to manually express stool
- Has to support perineum with bowel movements
- Passes stool with intercourse
- Stress Urinary Incontinence daily/weekly/monthly
- Scar tissue at vaginal opening or on perineum

**Vaginal Rugation Rejuvenation:**

- Sensation of smooth vagina (loss of feeling during penile strokes)

**For Partial Cervical Ablation:**

- Too much lubrication/secretion (too wet) during sex and/or at other times

**For Labia Minora/Majora Complaints:**

- Pain/pulling/discomfort/irritation with intercourse
- Pain/pulling/discomfort/irritation with certain activities/exercise/clothing
- Unable to wear certain clothes/lingerie/bikinis
- Irritation with prolonged sitting or walking
- Multi-directional urine stream
- Hygiene issues
- Desires natural edge preservation
- Unhappy with appearance due to asymmetry or pigmentation or length
- Previous Labia Minora reduction surgery desiring evaluation for surgical correction
- Inhibits patient from sexual activity, self-conscious, and embarrassed due to extra tissue
- Desires natural edge preservation

**For Labia Majora Reduction:**

- Appearance Issue:  Saggy  Wrinkled  Flat  Uneven

**For Hymenoplasty:**

- Desires Hymen reconstruction

**For Mons (Pubic Mound) Liposuction:**

- Previous Abdominoplasty with residual localized Mons adiposity
- Localized Mons adiposity desiring reduction
- Unable to wear certain clothing

**For Prepuce (Clitoral Hood) Reduction:**

- Excess Prepuce
- Pigmentation
- Asymmetry
- Hygiene
- Problems with access to clitoris

Notes: \_\_\_\_\_

\_\_\_\_\_