



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: _____
