

**GREENWICH CENTER FOR RESTORATIVE VAGINAL SURGERY
WELCOMES YOU**

...and 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 in ink. Please download, print and complete this form and bring it with you to your consultation.

PERSONAL INFORMATION

Today's date _____ Birthday _____

Name _____

Address _____

City/State/Zip _____

Age _____ Single Married Divorced Separated Widowed

Employer _____

Referred By _____

Primary Physician _____

Primary Physician
Address _____

Primary Physician Phone
_____ Fax# _____

TELEPHONE INFORMATION

Home Phone _____ Work Phone _____

E-Mail _____ Mobile Phone _____

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

When is it the best time to reach you? Mon Tues Wed Thurs Fri Sat Sun
Where do you prefer to receive calls? Home Work Mobile Phone

Emergency
Contact _____ Relationship _____

Home Phone _____ Work Phone _____

Mobile Phone _____

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 chaffing, swelling or discomfort when I ride or exercise
- ___ 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