



VULVOVAGINAL DISORDERS

A PATHWAY TO DIAGNOSIS AND TREATMENT

YOUR FOLLOW UP VISIT WITH THE VULVOVAGINAL SERVICE

Name: _____ Date: _____

What topics or concerns do you most want to address with your provider today?

Can you rate your pain sensation today on a scale from 0-10 (10 being the worst pain)? _____

Can you rate your itch sensation today on a scale from 0-10 (10 being the worst itch)? _____

Have you had any new health problems since your last visit? _____

Please explain:

Any gynecological problems? _____

Approximately when was your last Pap smear? _____

Have there been any problems with your Paps? _____

What is your contraceptive method, if applicable? _____

Are you having any new problems with the following systems: urinary, gastrointestinal, musculoskeletal, skin, or psychological? _____

Please explain: