



# 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: