Confidential Intimate Procedure Consultation

A structured guide for discussing goals, symptoms, anatomy, alternatives, and expectations.

PROCEDURE INTERESTS

- [ ] Labiaplasty
- [ ] Clitoral hood reduction
- [ ] Labia majora reduction
- [ ] Labia majora fat transfer/augmentation
- [ ] Monsplasty or pubic lift
- [ ] Perineoplasty or scar revision
- [ ] Vaginoplasty
- [ ] Vaginal rejuvenation
- [ ] Hymenoplasty
- [ ] Revision surgery
- [ ] Nonsurgical treatment
- [ ] Unsure - requesting evaluation

PRIMARY CONCERNS

- [ ] Discomfort/chafing
- [ ] Exercise or cycling discomfort
- [ ] Clothing visibility or irritation
- [ ] Asymmetry
- [ ] Postpartum change
- [ ] Laxity or reduced support
- [ ] Scar or prior surgical concern
- [ ] Urinary symptom
- [ ] Sexual discomfort
- [ ] Aesthetic concern
- [ ] Other

Describe your concerns in your own words

GOALS AND EXPECTATIONS

What change would feel meaningful to you?

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What would you consider an unsatisfactory result?

Preferred timing

Important upcoming events/travel

PRIOR CARE

Prior intimate procedures, childbirth injury, pelvic-floor therapy, or relevant treatments

CONFIDENTIALITY

Special privacy or communication requests

This questionnaire is a documentation aid. It is not a diagnosis, surgical clearance, or procedure-specific informed consent.

SIGNATURE

Printed name

Date

Signature (sign after printing or use an approved e-signature workflow)

By signing, I confirm that I reviewed this form and that the information I provided is accurate to the best of my knowledge.