

# WHAT TO ASK IN YOUR FEMALE SEXUAL WELLNESS CONSULTATION

## Female Medical History

- Name + Date of Birth
- Menstrual History
  - Last Menstrual Cycle
  - Cycle Regularity (Perimenopausal vs Menopausal)
  - History of Abnormal Uterine Bleeding
- Pregnancy History
  - Size of largest baby
  - Vaginal or C-Section? Any tearing? (If so, 1st - 4<sup>th</sup> degree tear)
  - Vacuum or Forceps
- History of Incontinence
  - (Stress, Urge or Mixed)
- Surgical History
  - Prior Pelvic Surgeries

## Medical History

- Past Medical History (Including diagnoses of cancer)
- Current Prescription Medications
  - (OCP, SSRI, Tamoxifen ?)
- Allergies to Medication
  - (Latex, Lidocaine ?)
- History of STD/STI - HSV

## Sexual History (See Sexual Wellness Survey)

- Partner History
  - Assess Support of Partner
  
- Overall Rating of Sexual Function
  - Rating of Libido/Desire
  - Dryness/Do you use lubrication?
  - Orgasm Function - Difficulty reaching orgasm?
  - How often do you engage in intercourse?
  - Pain During Intercourse?
  - How often do you masturbate?