NAME: _____ DATE: _____

VAGINAL PAIN / ITCHING

First started (how many months, years): _____

Where are the symptoms? (Check all that apply):

❒ Inside vaginal canal	❒ Area between rectum and vagina	
❒ Opening of vagina	❒ Around rectal opening	
❒ Inner lips (labia)	❒ Creases between thighs and outer labia	
❒ Outer lips (hair-bearing labia)	❒ Skin of inner thighs	

What are the symptoms? (Check all that apply): Please *star the most bothersome.

Symptoms	**Never**	**Always**	**Usually**	**Sometimes**	**Office Use**
Burning					
Itching					
Pain					
Irritation					
Discharge					
Problems with intercourse					
Loss of bladder control					

Please list all treatments, ***in the table below***, that you have tried for this problem. Include all prescription ***and*** non-prescription pills, creams, gels, washes, etc. If you are unsure or can't remember past prescription treatments, please **pick up a list** from your pharmacy **in order to complete the table below**.

MEDICATION or TREATMENT	Office Use (Veh.)	What dose? How often?	Date first used?	Date last used?	Very helpful	Somewhat helpful	No help	Any side effects?	Office Use
					❒	❒	❒		
					❒	❒	❒		
					❒	❒	❒		
					❒	❒	❒		
					❒	❒	❒		
					❒	❒	❒		
					❒	❒	❒		
					❒	❒	❒		
					❒	❒	❒		

Have you had a biopsy of the area? ❒ Yes ❒ No
If you know the result, please explain: _____
_____
_____

Dr. Initials_____

OVER→

For this problem have you ever used (check all that apply):

- ☐ Lanocaine
- ☐ Benadryl cream
- ☐ Vagisil
- ☐ Neosporin
- ☐ Anti-itch creams
- ☐ Estrogen cream
- ☐ Yeast treatments
- ☐ Lubricant

Gynecologic History:

Number of pregnancies: _____
Number of live births: _____

Problem:	Yes	No	If Yes, please explain:
Yeast Infections			
Chlamydia Infection			
Gonorrhea			
Syphilis			
Non-specific vaginitis			
Trichomonas			
Genital herpes			
Vaginal sores			
Vaginal psoriasis			
Vaginal lichen sclerosis			
Rectal sores			
Hysterectomy			
Other GYN surgery			
Bladder, kidney infection			

Anything else you wish to add?

_____
_____
_____
_____
_____

Please return questionnaire to:

Dr. Elizabeth Vennos
2075 Barkley Blvd. St. 230
Bellingham, WA 98226