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### Fanning the Female Flame

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Please tell us why you signed up to attend this group visit: \_\_\_\_\_

What question(s) would you like answered tonight? \_\_\_\_\_

Please check any of the conditions below that you experience or have experienced in the past three months:

**Low/Reduced Libido (Low Desire for Sex)** If YES, is this condition: Mild Moderate Severe

Is this condition causing you distress? If yes, please explain: \_\_\_\_\_

When did it start? \_\_\_\_\_ Is this associated with any symptom(s)? \_\_\_\_\_

What helps with this condition?  Medications \_\_\_\_\_  Therapies \_\_\_\_\_  Other? \_\_\_\_\_

**Vaginal Dryness** If YES, is this condition: Mild Moderate Severe

Is this condition causing you distress? If yes, please explain: \_\_\_\_\_

When did it start? \_\_\_\_\_ Is this associated with any symptom(s)? \_\_\_\_\_

What helps with this condition?  Medications \_\_\_\_\_  Therapies \_\_\_\_\_  Other? \_\_\_\_\_

**No or Low Sexual Arousal** If YES, is this condition: Mild Moderate Severe

Is this condition causing you distress? If yes, please explain: \_\_\_\_\_

When did it start? \_\_\_\_\_ Is this associated with any symptom(s)? \_\_\_\_\_

What helps with this condition?  Medications \_\_\_\_\_  Therapies \_\_\_\_\_  Other? \_\_\_\_\_

**Difficulty with Having an Orgasm** If YES, is this condition: Mild Moderate Severe

Is this condition causing you distress? If yes, please explain: \_\_\_\_\_

When did it start? \_\_\_\_\_ Is this associated with any symptom(s)? \_\_\_\_\_

What helps with this condition?  Medications \_\_\_\_\_  Therapies \_\_\_\_\_  Other? \_\_\_\_\_

**Pain with Intercourse** If YES, is this condition: Mild Moderate Severe

Is this condition causing you distress? If yes, please explain: \_\_\_\_\_

When did it start? \_\_\_\_\_ Is this associated with any symptom(s)? \_\_\_\_\_

What helps with this condition?  Medications \_\_\_\_\_  Therapies \_\_\_\_\_  Other? \_\_\_\_\_

**Decreased Sensation in Your Genitals** If YES, is this condition: Mild Moderate Severe

Is this condition causing you distress? If yes, please explain: \_\_\_\_\_

When did it start? \_\_\_\_\_ Is this associated with any symptom(s)? \_\_\_\_\_

What helps with this condition?  Medications \_\_\_\_\_  Therapies \_\_\_\_\_  Other? \_\_\_\_\_

Circle any of these hormonal problems you have experience in the past three months:

**Hot Flashes** If YES, is this condition: Mild Moderate Severe

**Insomnia** If YES, is this condition: Mild Moderate Severe

**Mood Changes** If YES, is this condition: Mild Moderate Severe

**Anxiety** If YES, is this condition: Mild Moderate Severe

**Depression** If YES, is this condition: Mild Moderate Severe

**Fatigue** If YES, is this condition: Mild Moderate Severe

**Weight Gain** If YES, is this condition: Mild Moderate Severe

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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