

Patient Intake Form

We realize that seemingly small issues can have a profound impact on your overall quality of life, and we are committed to offering specialized services that help our patients feel their very best. Viveve™ is a procedure, which treats a very common condition called vaginal laxity – a natural outcome of aging, genetics, lifestyle or vaginal childbirth. While women may or may not be adversely impacted by this condition, we would like to give you the opportunity to determine if this may be affecting you. We recognize patients can be hesitant to bring up personal or intimate issues but want to assure you we welcome your questions and are happy to talk about this further with you.

Have you ever experienced the following?

- | | | |
|--|--|-----------------------------|
| Urine leakage especially when coughing, sneezing, jumping, etc. | <input type="checkbox"/> Yes. Number episodes/day ____ | <input type="checkbox"/> No |
| Tampons slipping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Feeling of looseness during intercourse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Reduced sensation during intercourse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Feeling that the vaginal area is not as firm or tight as it once was | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Passing air from the vagina | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A general sense of looseness in the vaginal area | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How would you rate your current level of vaginal laxity/looseness? Circle one

- 1 - Very Loose 2 - Moderately Loose 3 - Slightly Loose 4 - Neither Loose nor Tight
 5 - Slightly Tight 6 - Moderately Tight 7 - Very Tight

Has this changed over time? Yes No

Has a feeling of looseness affected YOUR:

- | | | |
|---|------------------------------|-----------------------------|
| Overall sexual enjoyment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mental sexual arousal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical sexual arousal | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ability to have orgasms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Feelings of closeness /connection with your partner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Communication with your partner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Self-confidence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sexual self-image | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Interest in having sex | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mental engagement during sex | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other (please explain):
_____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you think some degree of looseness has affected your partner's experience? Yes No