MY PERSONAL WORKSHEET

Complete this worksheet before your next medical appointment. Bring it with you and use it to start the conversation with your health care provider.

Symptoms

My vaginal symptoms are (check all that apply):

☐ Vaginal dryness
☐ Pain and bleeding during intercourse
☐ Irritation
☐ Soreness
☐ Itching in and around the vagina
☐ Painful urination
☐ Other (please specify) ______________________

Medical History

PERSONAL HEALTH

My health includes (check all that apply):

☐ Lupus
☐ Endometriosis
☐ Kidney problems
☐ Thyroid problems
☐ Migraine
☐ Asthma/wheezing
☐ Low calcium levels
☐ Breast cancer
☐ Uterine or ovarian cancer
☐ Allergies
☐ Gynecologic surgery
☐ Blood clots
☐ Unusual vaginal bleeding
☐ Heart disease or heart attack
☐ Gallbladder disease
☐ Vaginal infection
☐ Liver disease or jaundice
☐ Stroke
☐ High blood pressure
☐ Diabetes
☐ Other (please specify) ______________________

Family History

I have a family history of (check all that apply):

☐ Breast cancer
☐ Uterine cancer
☐ Other cancer (please specify) ______________________
☐ Heart disease
☐ Stroke
☐ High blood pressure
☐ Diabetes

Medications

Have you previously used over-the-counter remedies to treat your vaginal symptoms?

☐ Yes (list them here) ______________________ ☐ No

Have you previously used prescription medicines to treat your vaginal symptoms?

☐ Yes (list them here) ______________________ ☐ No

List any other medications you are currently taking:

Medication #1: ______________________ Dosage: ______________
Medication #2: ______________________ Dosage: ______________
Medication #3: ______________________ Dosage: ______________
Medication #4: ______________________ Dosage: ______________
Medication #5: ______________________ Dosage: ______________

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