

LABIAPLASTY EVALUATION -PATRICK HUDSON MD PA, PLASTIC SURGERY

PATIENT SIDE (FRONT) - **please answer all questions and Fax (505 242 0060) or bring with you**

1. Today's date: _____ 2. Your name: _____

3. How old are you? _____ 4. Are you married or have a partner? Yes No

5. What is your job? _____

6. What best describes your problem (you can circle more than one)?

Dissatisfaction with appearance Discomfort with physical activity, such as horse riding or cycling

Discomfort during sexual intercourse

other (describe): _____

7. How tall are you? ___ feet ___ inches 8. How much do you weigh? _____ lb.

9. Have you had an eating disorder like anorexia or bulimia? **no yes**

10. Have you ever had a blood clot? **no yes (describe)**

11. Do you smoke? **no yes** (describe how many each day) _____

12. Are you exposed to second hand smoke? **no yes**

13. Have you had children? **no yes**

if yes please answer these questions:

How many children have you had? _____

Do you plan any future pregnancies? **no yes**

Were forceps used during the delivery of a baby? **no yes**

Did you have complications during your delivery? **no yes**

If yes please describe: _____

14. Do you take any psychotropic medicines? **No yes**

If yes, what are they: anti-depressant sleeping pills anti-anxiety

Other (describe): _____

LABIAPLASTY EVALUATION -PATRICK HUDSON MD PA, PLASTIC SURGERY

Patient name: _____

DR. HUDSON WILL COMPLETE THIS PAGE (BACK) - DO NOT ANSWER THESE QUESTIONS

General : ok problems **Asymmetry:** no yes **Elasticity of skin:** good poor

Scars or tearing : no yes **Criss-cross:** Y N

Location relative to anterior:

RIGHT: anterior mid posterior **LEFT:** anterior mid posterior

Other: **General:** BP

Abuse history:

RECOMMENDATIONS

LABIAPLASTY vertical horizontal

COMPLICATIONS

bruising • swelling • bleeding • infection • numbness • pain • scar

asymmetry • poor healing • painful intercourse • need for secondary surgery

OTHER: GA • No Guarantee • BCPs/hormones • thromboembolism (clots) • internet • 90% satisfaction

smoking • 2nd hand smoke

These issues were discussed with me by Dr. Hudson: _____ (patient initials) _____ (witness initials)

Date: _____