



# FEMALE HEALTH ASSOCIATES OF NORTH TEXAS

A PROFESSIONAL ASSOCIATION

## Confidential Patient Questionnaire

Please take a few moments to answer the questions below. Your feedback will help us to determine whether to offer our valued patients several of the country's most popular aesthetic and medical procedures. ***Please return to front desk after completing.***

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Are you interested in a new minimally invasive liposuction procedure that can be done in the office with minimal discomfort or downtime?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Would you be interested in receiving CO<sub>2</sub> Fractional Laser Skin Resurfacing for the treatment of age spots, sun damage, enlarged pores, fine lines, wrinkles, stretch marks and acne scars?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Would you be interested in an Incisionless Vaginal Rejuvenation procedure that uses a laser to create a smaller, tighter, more youthful vagina with normal anatomic contours?** Yes \_\_\_\_\_ No \_\_\_\_\_ This procedure will help to restore the structure of the vagina which has been damaged from childbirth, aging, and/or previous gynecology surgery.

**Are you interested in a physician directed weight-loss program that can help you lose 1 – 3 pounds per day?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Would you be interested in Botox Cosmetic wrinkle removing therapy?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which facial areas would you be interested in treating? Forehead \_\_\_\_\_ Crow's Feet \_\_\_\_\_ Frown Lines \_\_\_\_\_

**Would you be interested in Juvederm treatments?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which facial areas would you be interested in having treated? Smile Lines \_\_\_\_\_ Vertical Lip Lines \_\_\_\_\_ Lip Borders \_\_\_\_\_ Marionette Lines (lines at the corner of the mouth) \_\_\_\_\_ Other \_\_\_\_\_

**Would you be interested in a permanent form of birth control that is gentle, hormone-free and can be done without cutting or the risks of getting your tubes tied?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you suffer from heavy periods?** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, would you be interested in learning more about an in-office procedure that can stop or significantly reduce heavy bleeding? Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you suffer from a loss of bladder control during physical activity such as coughing, laughing, sneezing or lifting?** Yes \_\_\_\_\_ No \_\_\_\_\_ If so, would you be interested in learning more about a minimally invasive approach to treating this condition? Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you suffer from an overactive bladder?** Yes \_\_\_\_\_ No \_\_\_\_\_ If you are waking up several times a night to use the bathroom, avoiding shopping trips and long walks or even scoping out public bathrooms whenever you leave home, then we have several treatment options available to you.

**Do you experience pressure or discomfort in the vaginal or pelvic area, often made worse with physical activities such as prolonged standing, jogging or bicycling?** Yes \_\_\_\_\_ No \_\_\_\_\_ If so, would you like to learn more about non-surgical and surgical options available to you? Yes \_\_\_\_\_ No \_\_\_\_\_

**Would you be interested in Bio-Identical Hormone Replacement therapy to treat the symptoms of menopause including: hot flashes, weight gain, irritability, vaginal dryness, sleep disturbances and low libido?** Yes \_\_\_\_\_ No \_\_\_\_\_