Maine Medical
PARTNERS
Women's Health

Claire Danby, MD, MSc, FACOG
Pelvic Medicine & Reconstructive Surgery Program
A Department of Maine Medical Center
100 Brickhill Ave., Suite 203, South Portland, ME 04106
Ph: (207) 761-1502 Fax: (207) 774-2015

Dear Patient,

Welcome to our practice.

Enclosed you will find a patient history questionnaire. I appreciate you completing it and **mailing it back to us as soon as you can, prior to your appointment.** Additionally, please make sure that other doctors or providers who have treated you for these symptoms have sent copies of their notes or results to our office, or bring records with you to your appointment. Most new visits are over 1 hour long. Our new patient appointments are done with both myself and a nurse.

In order to ensure that I can properly evaluate you for infection and skin problems, please stop any medications for yeast, and any other medications that go into the vagina **ONE WEEK** prior to your appointment. Also, please do not apply any creams or ointments to the vulva on the **DAY OF** your appointment. Additionally, please **bring to your appointment** ANY creams, ointments, salves, and supplements that you use or have used on your vulva or vagina.

Please **keep your appointment** even if you do not currently have symptoms. Then we will have a baseline evaluation so that we can see you quickly on short notice in the future when you do have a flare.

There are very few physicians specializing in treating women with chronic vulvovaginal problems. I have two goals in my office. The first and most important is to help patients like you. The second is to teach this area of medicine to other physicians by lecturing, writing, research and teaching in the office. For this reason, I may at times be joined by a physician or student who has an interest in learning more about this area of medicine. I occasionally use photo documentation to help evaluate and follow some skin conditions for improvement and changes. If a photo is helpful, we will ask you to sign a consent form in the office prior to taking a photo.

We look forward to your visit. Please call if you have any questions or concerns. If you need to cancel your appointment, please give us adequate notification **of at least 48 hours or more** so that we can see another patient on the waiting list.

Sincerely,

Claire Danby, M.D.

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MMP Pelvic Medicine and Reconstructive Surgery
100 Brickhill Avenue, Suite 203, South Portland, ME, 04106
P: (207)-761-1502 ● Fax: (207)-774-2015

DIRECTIONS:

From I-95 North or South/Maine Turnpike:

Take I-95 North or South to Exit 46. After the tollbooth, take a right onto Skyway Drive. Follow Skyway Drive to the light. At the light, take a right. Follow to the next intersection (get in the left turn lane). At the intersection, take a left onto Jetport Plaza. Follow Jetport Plaza to the stop sign. At the stop sign, take a right (this will be Westbrook St., however there is no street sign). Follow Westbrook Street for approximately 1/2 mile to Brickhill Avenue (on left). Turn left onto Brickhill Avenue, and follow the road up the hill until you reach 100 Brickhill Avenue (the large brick castle on your left).

From I-295 North:

Take I-295 Southbound to Exit 3 (Westbrook St. /Airport). Take a right at the end of the exit ramp (Pape Chevrolet will be on your right) and proceed onto Westbrook Street. Follow Westbrook Street, bearing right at the stop light (Irving Gas Station will be on your left) to proceed up Westbrook Street. Follow Westbrook Street for approximately ¼ mile to Brickhill Avenue (on right). Turn right onto Brickhill Avenue and follow the road up the hill until you reach 100 Brickhill Avenue (the large brick castle on your left).

From Rte. 1 South/Scarborough:

Follow Route 1 Northbound following signs for I-295. Take the exit labeled "Broadway." At the end of the "Broadway" exit ramp, bear right to proceed North on Broadway. Follow Broadway to the stop light. At the stop light, make a left turn onto Westbrook Street. Follow Westbrook Street past Pape Chevrolet to the next stop light (Irving Gas Station will be on your left). Bear right at the stop light to proceed up Westbrook Street approximately ¼ mile to Brickhill Avenue (on right). Turn right onto Brickhill Avenue and follow road up the hill until you reach 100 Brickhill Avenue (the large brick castle on your left).

From The West (Maine Mall):

Follow Gorham Road Eastbound from the Maine Mall area past the Olive Garden Restaurant (on your right). At the next intersection, Gorham Road turns into Western Avenue (Young's Furniture and Sea Dog Brewery will be on your left). Go straight through the intersection and follow Western Avenue to the next light (get into the left turn lane). At the light, take a left onto Westbrook Street. Proceed up Westbrook Street approximately ¼ mile to Brickhill Avenue (on right). Turn right onto Brickhill Avenue and follow road up the hill until you reach 100 Brickhill Avenue (the large brick castle on your left).

Maine Medical Partners: Pelvic Medicine
Patient Questionnaire and History
Claire Danby, MD

Thank you for completing this form to the best of your ability. We understand that many of the questions are quite personal. We hope you understand that those questions are only there to try to help us participate in your care to the best of our ability.
Please mail this form back to the office as soon as you are able to

Date: _____ **Date this form was completed:** _____

Name/Preferred name: _____ **Date of Birth:** _____

Home Address: _____

Occupation: _____

Relationship Status: ( ) Single ( ) Married ( ) Long term partner ( ) Separated ( ) Divorced ( ) Widowed

Name of Significant other/support person: _____

Primary Care Physician

Name	Address	Phone	Specialty

Referring Physician

Name	Address	Phone	Specialty

Mental Health Physician

Name	Address	Phone	Specialty

I would like a Copy of today's note to be sent to Dr(s):_____

Reason for Consultation:
Give a brief description of your present illness or symptoms (include dates if possible):

What testing have you had for this (include dates and any complementary or alternative therapies):

What previous treatments have been tried (Please include dosages and instruction of prior medications and dates of any therapies:

Vulvovaginal History:

Have you had a vulvar biopsy? YES / NO if yes, when? _____

What bothers you most about your problem?

What makes your symptoms better or gives you relief?

What makes your symptoms worse?

Have you had problems with vaginal discharge? YES / NO If so, please describe:

Are you itchy? YES / NO

How severe is your itch (circle one)? (mild) 1 2 3 4 5 6 7 8 9 10 (severe)

Do you wake up at night scratching? YES / NO

Are you in pain? YES / NO

How severe is your itch (circle one)? (mild) 1 2 3 4 5 6 7 8 9 10 (severe)

How would you describe your pain? Burning ___ Pulsating/Throbbing ___

Constant pain ___ Deep pain ___ Superficial Pain ___

Intermittent pain ___ Diffuse / whole vulva___ Localized to one area ___

Do your symptoms interfere with your daily routine or planned activities? YES / NO If so, please describe:

_____

Do your symptoms affect your sexual activity? YES / NO Have you had to stop being sexual? _____

Can you participate in comfortable, enjoyable sexual activity? YES / NO

Is your sexual partner aware of your symptoms? YES / NO

Vulvar Care:

What brand of laundry detergent do you use? _____

Do you use liquid fabric softener? YES / NO If YES, which brand? _____

Do you use dryer sheets? YES / NO If YES, which brand? _____

What type of soap/cleanser do you use in the shower? _____

Do you douche? Yes/ No

Do you use any feminine hygiene wipes? YES/ NO If YES, which brand? _____

Do you use any other products from the feminine hygiene aisle? _____

What material is your underwear made of? _____

What brand of toilet paper do you use? _____

Do you wear any pads or panty liners? YES/ NO If YES, which brand? _____

Do you wear perfumes? YES/ NO

Do you shave or wax? _____

Do you use any lubricant with intercourse? YES/ NO If YES, which brand? _____

Do you use moisturizers or barriers on the vulva (coconut oil, Vaseline, Aquaphor, etc.)? YES/ NO

If YES, which brand? _____

Gyn History:

What age did you first start having periods? _____

Last menstrual period: _____ Age of Menopause: _____

Do you have regular periods? YES/ NO If no, please describe: _____

Are you using any birth control? YES/ NO If so, what kind: _____

Are you using any hormone replacement therapy? YES/ NO Type: _____

Have you ever had an abnormal pap smear? YES / NO

Any history of STDs? YES/ NO _____ Any history of abuse? _____

Obstetrical History: Have you ever been pregnant YES/ NO

Date of Pregnancy	Outcome: vaginal birth, miscarriage, c-section	Any Delivery problems?

Past Medical History:

Condition	Date of diagnosis	Condition	Date of diagnosis

Have you ever been diagnosed with? (Circle all that apply)

Asthma Eczema Hayfever Psoriasis

IBS Fibromyalgia Migraines Chronic Pain Interstitial Cystitis Chronic fatigue

Anxiety Depression

Past surgeries or hospitalizations:

Operation or reason for hospitalization	Date	Hospital	Any complications?

Current Medications: (Include both prescription and non-prescription)

Medication	Dose	Frequency	When was it started?

Do you take any vitamins, supplements, herbs: __Yes __ No Please list below:

Allergies to medications or Latex:

Medication	Symptoms	Medication	Symptoms

Health Habits:

Have you smoked cigarettes? ( ) never ( ) formerly ( ) now Age started _____ Age quit _____
Packs smoked per day: _____
How often do you drink alcohol? ( ) never ( ) rarely ( ) occasionally ( ) several times a week
How much alcohol do you usually drink? _____ What kind(s) of alcohol? _____
Do use any non-prescription drugs? ( ) Yes ( ) No If yes, what kind(s)? _____

Family History: Please list any conditions below that anyone in your family has had. (Ex: Heart attack, Diabetes, Cancer, etc.)

	Alive/ Deceased	Age	Health Status	Health Problems
Mother				
Father				
Maternal Grandmother				
Maternal Grandfather				
Paternal Grandmother				
Paternal Grandfather				
Siblings				

Review of Systems: Circle any of the below symptoms that you are experiencing now or recently.

General:

Headaches	Anxiety	Fatigue
Depression	Weight loss	

Heart/Circulation:

Chest Pain	Lower leg/ankle swelling	Poor circulation
Palpitations	Heart murmur	

Lungs:

Shortness of breath	Chronic cough	Wheezing

Gastrointestinal:

Diarrhea	Ulcers	Nausea/Vomiting
Constipation	Hemorrhoids	Abdominal pain/cramping

Urinary/Kidney:

Blood in the urine	Pain with urination	Kidney stones

Muscles and Joints:

Muscle pain	Difficulty walking	Joint pain
Low back pain	Neck pain	Weakness