

Avenues for Health
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Sexual Health Evaluation

Name: _____

Date: _____

Preferred Pronoun _____

General Health

Do you consider your health to be: Excellent Good Fair Poor

Medical illnesses: _____

Cancer history: _____

Surgery

Medications:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Menstrual History:

Last Menstrual Period _____

Have your periods stopped? Yes No

Recent changes in menstrual cycle? Yes No

Spacing out Closer together More irregular Heavier Lighter Painful

Are you using any hormonal contraceptive? _____

Are you taking any hormones?

Testosterone Estrogen Progesterone DHEA

Hysterectomy/ date _____ Surgical removal of ovaries/date _____

Have you had or are you on _____ Chemotherapy Radiation Aromatase inhibitor

Do you have any of the following?

- Depression
- Anxiety
- Obsessive Compulsive Disorder
- Insomnia
- Fatigue
- Chronic Pain
- Job distress
- Family distress
- Grief
- Relationship distress

- __Poor body image
- __other mental health issues _____
- __ physical conditions that make sex difficult for you _____

Sexual History:

Are you currently sexually active? __Yes __No

Sexual orientation: __Heterosexual __Homosexual __Bisexual __ Queer __Poly __Other

Method of contraception if applicable _____

Number of sexual partners (lifetime): __1-2 __3-5 __6-10 __greater than 10

Number of sexual partners in past year _____

Have you ever been sexually abused or forced to have sex when you did not want to?

__Yes __No

If yes, when did it occur? _____

Have you been hit, slapped or yelled at in a demeaning way by your current partner(s)?

__Yes __No

If yes, has this occurred within the past 12 months? __Yes __No

Do you feel safe in your current living situation? __ Yes __ No

Marital Status: M D S W Partnered Living with other Dating Polyamorous

Preferred Pronoun _____

In general how has your interest or enjoyment of sex been through out your adult life?

__ Robust __Good __Luke warm __Minimal

Physical attraction to your current partner(s)? __Strong __Good __ Fair
__Minimal

There are many reasons to have sex, and many triggers for sexual desire

Rate the importance of the following reasons for you

1 = Very important 2 = somewhat important 3 = minimally important 4 = Not at all

Circle answers

Emotional closeness to your partner(s)	1	2	3	4
Feeling love and expressing love	1	2	3	4
Physical pleasure; excitement	1	2	3	4
Having orgasms	1	2	3	4
Physical attraction	1	2	3	4
Increased self-esteem,	1	2	3	4
Feeling attractive and desirable	1	2	3	4
Stress reduction, relaxation	1	2	3	4

Reduce guilt about infrequent sex 1 2 3 4
Duty/pressure, mate guarding 1 2 3 4

Sexual Function

Decreased sexual desire? Yes No

If yes, is this a recent change? Past 1-2 years? Past 3-5 years? Greater than 5 years?

Decreased responsiveness or sexual arousal?

If yes, is this a recent change? Past 1-2 years? Past 3-5 years? Greater than 5 years?

Difficulty having an orgasm?

If yes, is this a recent change? Past 1-2 years? Past 3-5 years? Greater than 5 years?

Are you or were you;

multi orgasmic? mono orgasmic? Anorgasmic (never have had an orgasm)

Pain with Sex? Yes No

Pain with intercourse Yes No

Pain with initial penetration? Yes No

Pain with deep penetration? Yes No

Vaginal dryness? Yes No

If yes what do you use to relieve the vaginal dryness? _____

Pain or bladder symptoms after sex? Yes No

Frequent bladder infections following sex Yes No

Frequent Vaginal infections Yes No

Does your partner(s) have any sexual problems Yes No

Does your partner engage in any sexual practices you find unappealing?

Yes No

Are there sexual practices you enjoy that your partner does not? Yes No

Would you be willing to try any of the following to help the problem (check all that apply)

Lubricants

Herbal medications or supplements

Hormone therapy estrogen progesterone testosterone

Vaginal estrogen cream or tablet or ring

use other RX medication to increase libido

MonaLisa Touch gentle laser therapy for vaginal revitalization

Discuss issues with partner

Set up "dates" for intimacy with partner

Participate in individual or marital/couples counseling

Work with a Sex Therapist

Exploring use of mental fantasy

Watch adult erotic movies with your partner?

use Vibrators or "toys"

use self stimulation while having sex with your partner

- ___ Pelvic floor physical therapy
- ___ Exercise
- ___ Meditation
- ___ use of medical marijuana