

The information that you present here will serve as a basis for helping us to get to know and serve you better, and will be kept in the strictest professional confidence. Sherri Aikin, MSN, FNP-BC

1. Description of current problem.
2. Onset and course of problem:
	1. Onset
	2. Gradual or Sudden
	3. Precipitating Events
	4. Changed over time
	5. Increase, decrease or fluctuate
	6. Severity, frequency or intensity
3. What is your opinion about the cause of this problem, and why does it continue?
4. Past treatment and outcome:
	1. Have you had a medical evaluation: (When? What was the treatment? What were the results? Are you currently on any medication for this problem?)
	2. Have you had any other professional help including sex therapy? (When? What sort of treatment? What were the results?)
	3. Self-treatment. (Explain.)
5. What do you expect to get out of your consultation with me? (Be specific. What do you want to do that you can’t do now? Or stop doing?)