

Patient's Name _____

Patient's Phone _____ Patient's DOB _____

Referred By _____

After completing this form, please email it to info@renugyn.com.

Reason for Referral:
(please check below)

Sexual Health

- ☐ Vaginal Laxity
- ☐ Botherome labia minora enlargement or asymmetry
- ☐ Revision labiaplasty
- ☐ Laser non-surgical vaginal rejuvenation
- ☐ Hymenoplasty
- ☐ PRP for sexual orgasm dysfunction
- ☐ Perineoplasty/Episiotomy revision
- ☐ Low libido

Urinary Health

- ☐ Stress urinary incontinence evaluation
- ☐ Bulkamid non-surgical urinary incontinence injection
- ☐ Urethral sling procedure
- ☐ Pelvic/Bladder prolapse

Postpartum Health

- ☐ Pelvic floor rehab/HIFEM non-invasive pelvic therapy, *Emsella*
- ☐ Diastasis Recti abdominal core strengthening, Tone and Emsculpt Neo
- ☐ Postpartum nutrition and weight loss

Weight Management

- ☐ Ideal Protein Protocol
- ☐ GLP-1/GIP agonist injections, oral weight loss medication, combination therapy

Perimenopause/Menopause

- ☐ Hormone Therapy
- ☐ Mid-life hormone balance evaluation and treatment
- ☐ Testosterone replacement therapy
- ☐ Osteoporosis prevention counseling

Concierge Gynecology

- ☐ Proactive executive wellness examination
- ☐ Pelvic ultrasound
- ☐ Abnormal Bleeding
- ☐ Pelvic pain/endometriosis/fibroids
- ☐ Contraceptive counseling and treatment
- ☐ STD prevention counseling and treatment
- ☐ Hereditary Cancer Screening
- ☐ Polycystic ovarian syndrome evaluation and treatment
- ☐ Infertility investigation and guidance
- ☐ Vaginal/vulvar pain syndrome
- ☐ Office-based surgery
- ☐ Hospital-based surgery
- ☐ Second opinion consultation

IV Therapy & Nutrient Optimization

- ☐ Micronutrient testing
- ☐ IV infusions for dehydration, immunity optimization, and perioperative health
"if pregnant provide physician order"