



Sexual Wellness Pre Consultation Form

Confidential medical intake, cardiovascular screening, compounding assessment, and informed consent

Complete this form before your consultation. Your answers help the clinician evaluate safety and medical appropriateness. Completing or signing this form does not guarantee that treatment will be prescribed.

Patient Information

Full legal name

Date of birth

Phone

Email

Primary care clinician

Preferred pharmacy

Main Concern

- | | |
|--|--|
| ☐ Low sexual desire | ☐ Difficulty with arousal |
| ☐ Difficulty obtaining or maintaining an erection | ☐ Vaginal dryness |
| ☐ Pain with sexual activity | ☐ Difficulty with orgasm |
| ☐ Medication-related sexual side effects | ☐ Other |

When did this begin, is it generalized or situational, and how distressing is it?

- | | |
|---|---|
| ☐ Sudden onset | ☐ Gradual onset |
| ☐ Occurs every time | ☐ Occurs sometimes |
| ☐ Morning or spontaneous erections present | ☐ Relationship or situational factors may contribute |

Prior treatments, response, and side effects

Medication and Cardiovascular Safety Screening

Check every item that applies. Nitrates and riociguat can interact dangerously with sildenafil or tadalafil.

- | | |
|---|--|
| ☐ Nitroglycerin, isosorbide, nitrate medication, or recreational nitrites or poppers | ☐ Riociguat or another guanylate cyclase stimulator |
| ☐ Alpha blocker | ☐ Multiple blood-pressure medicines |



- | | |
|---|--|
| ☐ Uncontrolled high or low blood pressure | ☐ Chest pain or unstable angina |
| ☐ Heart attack, stroke, or serious cardiovascular event | ☐ Arrhythmia, fainting, or significant exercise intolerance |
| ☐ Clinician has advised against sexual activity | ☐ Kidney or liver disease |
| ☐ Sudden vision loss, serious retinal disease, or retinitis pigmentosa | ☐ Sudden hearing loss |
| ☐ Priapism or erection lasting four hours or longer | ☐ Sickle cell disease, leukemia, or multiple myeloma |
| ☐ Uncontrolled hypertension or known cardiovascular disease relevant to PT 141 | ☐ Pregnant, trying to conceive, or breastfeeding |
| ☐ Hormone-sensitive cancer | ☐ Genital skin irritation, infection, or open lesion |
| ☐ Allergy or serious reaction to a listed ingredient | |

Explain every item checked above

List all medications, supplements, allergies, alcohol use, and recreational substances

Recent Results Available

Testing is individualized. Upload available results; the clinician will decide what is necessary.

- | | |
|---|--|
| ☐ Blood pressure reading | ☐ A1c or fasting glucose |
| ☐ Lipid panel | ☐ CMP or kidney and liver tests |
| ☐ CBC | ☐ Morning testosterone when indicated |
| ☐ Prolactin when indicated | ☐ TSH |
| ☐ Pregnancy test if applicable | ☐ No recent results |

Options Being Discussed

- | | |
|---|--|
| ☐ Tadalafil 7 mg capsule | ☐ Sildenafil 100 mg troche |
| ☐ Dream Cream | ☐ Dream Cream with testosterone |
| ☐ PT 141 injection | ☐ No preference; clinician recommendation requested |

Patient Specific Compounding Need

The patient may report a need below, but the prescriber must independently determine and document whether the compounded change produces a significant clinical difference for this identified patient.



- | | |
|---|--|
| ☐ Difficulty swallowing commercially available tablets | ☐ Documented allergy or intolerance to a specific inactive ingredient |
| ☐ Clinically necessary strength not commercially available | ☐ Clinically necessary dosage form not commercially available |
| ☐ Clinically necessary combination determined after evaluation | ☐ Commercially available product previously tried and not medically appropriate |
| ☐ No patient-specific reason identified | ☐ Other |

Provide the exact product tried, dose, dates, response, adverse effect, excipient, or dosage-form problem

Patient Acknowledgment and Consent

Please initial each statement in Vagaro or select each required acknowledgment before signing.

- ☐ I understand sildenafil and tadalafil may cause headache, flushing, indigestion, nasal congestion, dizziness, low blood pressure, back or muscle pain, visual changes, hearing changes, and prolonged erection. Nitrates, nitrites or poppers must not be combined with these medicines because dangerous hypotension can occur.
- ☐ I will seek urgent care for chest pain, fainting, sudden vision or hearing loss, severe allergic symptoms, or an erection lasting four hours or longer. I will tell emergency clinicians when I last used a sexual-wellness medication.
- ☐ I understand PT 141 or bremelanotide may cause nausea, vomiting, flushing, headache, injection reactions, temporary increases in blood pressure, reduced heart rate, and focal skin darkening. It is not appropriate with uncontrolled hypertension or known cardiovascular disease. A compounded PT 141 product is not the FDA-approved Vyleesi product.
- ☐ I understand topical compounded products may cause burning, irritation, swelling, headache, dizziness, low blood pressure, partner exposure, and effects from each active ingredient. Testosterone-containing products require hormone-specific assessment and precautions.
- ☐ I understand compounded products are not FDA approved. FDA does not verify their safety, effectiveness, quality, strength, or purity before marketing. A compounded product will be considered only for a documented patient-specific clinical need.
- ☐ I understand sexual symptoms can reflect cardiovascular, hormonal, neurologic, medication-related, psychological, relationship, or other health factors. Alternatives include evaluation and treatment of underlying causes, FDA-approved products when appropriate, counseling or sex therapy, pelvic-floor care, specialist referral, or no medication. Results are not guaranteed.

Signatures

By signing, I confirm that I have read this form, answered truthfully, had an opportunity to ask questions, and voluntarily consent to the evaluation and any treatment specifically ordered after consultation. I may decline or withdraw consent before treatment. I understand that this acknowledgment does not waive rights that cannot legally be waived or excuse negligent or unlawful conduct.



Patient full legal name

Date of birth

Patient signature

Date and time

If signed by a legally authorized representative:

Representative name

Relationship or authority

Representative signature

Date and time

Clinician Use Only

☐ Consultation completed in person

☐ Consultation completed by telehealth

☐ Identity verified

☐ Medication reconciliation completed

Blood pressure

Heart rate

Weight

BMI

Pertinent history, examination, and assessment

Diagnosis or treatment indication

☐ Not a candidate

☐ Additional records or testing required

☐ Candidate after shared decision-making

☐ Referred for additional evaluation

Patient-specific medical necessity and rationale for any compounded preparation

Selected medication, formulation, dose, monitoring plan, and follow-up

I independently reviewed the information above, completed an appropriate clinical evaluation, discussed material risks, benefits, alternatives, and uncertainties, and determined whether sexual wellness treatment is medically appropriate. The patient form alone was not used as a substitute for clinical judgment.

Clinician name and credentials _____ Clinician signature _____ Date and time _____