



SUBRAYAN  
OBS AND GYNAE

# GYNAECOLOGY CONSULTATION PLANNER

A practical guide by Dr Marise Subrayan, Specialist Gynaecologist

I created this guide to help women make better use of the time available during a gynaecology consultation. You do not need to know your diagnosis or even exactly why you have been referred. A little preparation can help you gather your thoughts, identify the symptoms or concerns that matter most, check your medications and find important previous reports or results - so that more of the consultation can be spent understanding your concerns and deciding what happens next.

## YOUR TOP 3 PRIORITY SYMPTOMS OR CONCERNS TO DISCUSS

|    |
|----|
| 1. |
| 2. |
| 3. |

## MEDICATIONS, HORMONES AND SUPPLEMENTS

If relevant, make a list of everything you use: prescription medication, contraception, MHT, vaginal treatments, injections, creams, over-the-counter medication and supplements. Include the exact dose and why you are taking it.

| Medication / product | Dose / strength | How do you use it? | What are you taking it for? |
|----------------------|-----------------|--------------------|-----------------------------|
|                      |                 |                    |                             |
|                      |                 |                    |                             |
|                      |                 |                    |                             |
|                      |                 |                    |                             |

If you are not sure what a medication or supplement contains, take clear photographs of the FRONT AND BACK of the packaging so that the product name, dose and full ingredient list can be seen.

## REPORTS AND RESULTS

If you have previous medical information available, try to find the actual report rather than relying only on remembering that a result was 'normal'. Take it with you or send it to your doctor before the consultation where appropriate.

- |                                                                     |                                                            |                                                             |
|---------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Referral letter                            | <input type="checkbox"/> Blood / pathology results         | <input type="checkbox"/> Ultrasound reports                 |
| <input type="checkbox"/> CT / MRI / X-ray reports                   | <input type="checkbox"/> Pap / cervical cytology results   | <input type="checkbox"/> HPV results                        |
| <input type="checkbox"/> Mammogram / breast ultrasound / breast MRI | <input type="checkbox"/> Histology / biopsy results        | <input type="checkbox"/> Operation / hospital reports       |
| <input type="checkbox"/> Bone density (DXA) reports                 | <input type="checkbox"/> Colonoscopy / gastroscopy reports | <input type="checkbox"/> Relevant specialist correspondence |

**If you are seeing Dr Subrayan:** Please send your referral letter, previous reports, results and relevant medical correspondence to the practice as far in advance as possible. Your referring doctor or healthcare provider can also send this directly. This gives the practice time, where possible, to review and incorporate relevant information into your patient profile before you arrive, so more of your consultation can be spent on your concerns, assessment and management.

## REPORTS AND RESULTS

You may find it useful to write down important dates before the appointment rather than trying to remember them during the consultation.

- |                                                         |                                                                              |                                                           |
|---------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> First day of your last period  | <input type="checkbox"/> When the problem/symptoms started                   | <input type="checkbox"/> Previous operations / procedures |
| <input type="checkbox"/> Pregnancies and their outcomes | <input type="checkbox"/> When contraception or hormones were started/stopped | <input type="checkbox"/> Last Pap and/or HPV test         |
| <input type="checkbox"/> Last breast imaging            | <input type="checkbox"/> Other important scans / screening                   |                                                           |

**Dates or timeline you want to remember**

## IF BLEEDING OR PERIOD PAIN IS ONE OF YOUR CONCERNS

Instead of only saying that your periods are 'heavy' or 'painful', these details may help your doctor understand what is actually happening.

- |                                                                                 |                                                                                 |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Bleeding lasts 7 days or more                          | <input type="checkbox"/> Clots about the size of a R2 coin or larger            |
| <input type="checkbox"/> Filling/soaking a pad or tampon within about 1-2 hours | <input type="checkbox"/> Using more than one menstrual product at the same time |
| <input type="checkbox"/> Flooding / leaking onto clothing or bedding            | <input type="checkbox"/> Bleeding between periods                               |
| <input type="checkbox"/> Bleeding during / after sex                            | <input type="checkbox"/> Pain requires pain medication                          |
| <input type="checkbox"/> Pain stops normal activities / exercise                | <input type="checkbox"/> Pain causes missed work or school                      |

Blood passed into the toilet, clots and blood leaked onto clothing or bedding are also part of your total blood loss - not only what is absorbed by a pad or tampon.

## OTHER MEDICAL INFORMATION THAT MAY BE IMPORTANT

Your general medical history can be relevant to a gynaecology consultation, even when it does not seem directly related to the problem you are coming to discuss. If relevant to you, consider the following before your appointment.

- |                                                                               |                                                                                                                  |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Pregnancy / birth complications                      | <input type="checkbox"/> Bladder / urinary symptoms                                                              |
| <input type="checkbox"/> Previous operations, scopes or biopsies              | <input type="checkbox"/> Previous treatments that did or did not help                                            |
| <input type="checkbox"/> Allergies / medication reactions                     | <input type="checkbox"/> Fertility treatment or procedures                                                       |
| <input type="checkbox"/> Breast, bone or bowel screening                      | <input type="checkbox"/> Important family medical history                                                        |
| <input type="checkbox"/> Pain, dryness, bleeding or change in sexual function | <input type="checkbox"/> Previous abnormal Pap / HPV results                                                     |
| <input type="checkbox"/> Miscarriage / ectopic pregnancy / termination        | <input type="checkbox"/> Vulval / vaginal symptoms                                                               |
| <input type="checkbox"/> Medical conditions                                   | <input type="checkbox"/> Mental health / neurodivergence / anxiety / depression / ADHD / eating disorder / other |

## PREGNANCY AND GYNAECOLOGY HISTORY

Include previous pregnancies and important gynaecology procedures, even if they happened many years ago. Where a procedure was related to a pregnancy, note them together.

| Pregnancy | Outcome                                                                                                                                                 | Pregnancy / postnatal problems                                                                                                                                                                                           | Related procedure / other information                                  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 1.        | <input type="checkbox"/> Birth <input type="checkbox"/> Miscarriage<br><input type="checkbox"/> Termination / abortion <input type="checkbox"/> Ectopic | <input type="checkbox"/> Hypertension / pre-eclampsia<br><input type="checkbox"/> Gestational diabetes<br><input type="checkbox"/> Iron deficiency / anaemia<br><input type="checkbox"/> Postpartum depression / anxiety | e.g. C-section, D&C / evacuation, laparoscopy, tubal / ovarian surgery |
| 2.        | <input type="checkbox"/> Birth <input type="checkbox"/> Miscarriage<br><input type="checkbox"/> Termination / abortion <input type="checkbox"/> Ectopic | <input type="checkbox"/> Hypertension / pre-eclampsia<br><input type="checkbox"/> Gestational diabetes<br><input type="checkbox"/> Iron deficiency / anaemia<br><input type="checkbox"/> Postpartum depression / anxiety | e.g. C-section, D&C / evacuation, laparoscopy, tubal / ovarian surgery |
| 3.        | <input type="checkbox"/> Birth <input type="checkbox"/> Miscarriage<br><input type="checkbox"/> Termination / abortion <input type="checkbox"/> Ectopic | <input type="checkbox"/> Hypertension / pre-eclampsia<br><input type="checkbox"/> Gestational diabetes<br><input type="checkbox"/> Iron deficiency / anaemia<br><input type="checkbox"/> Postpartum depression / anxiety | e.g. C-section, D&C / evacuation, laparoscopy, tubal / ovarian surgery |

Other gynaecology procedures: ☐ Hysterectomy ☐ Endometrial ablation ☐ Colposcopy / cervical biopsy or surgery ☐ Laparoscopy  
☐ Ovarian surgery ☐ Tubal surgery ☐ Other: \_\_\_\_\_

## CONTRACEPTION

If relevant, include methods you use now and important methods used previously. Note when you used them and why you stopped or changed if this may be relevant.

☐ Combined pill ☐ Progestogen-only pill ☐ Injection ☐ Implant  
☐ Hormonal IUD (Mirena / Kyleena) ☐ Copper IUD ☐ Patch / vaginal ring ☐ Condoms  
☐ Withdrawal / pulling out ☐ Fertility awareness / cycle tracking ☐ Female / tubal sterilisation ☐ Partner vasectomy  
☐ Hysterectomy ☐ Other

## MENOPAUSE TREATMENT / MENOPAUSAL HORMONE THERAPY (MHT)

If you currently use or have previously used menopause treatment, include the actual product name and dose if you know it.

**Systemic oestrogen:** ☐ Tablet ☐ Patch ☐ Gel ☐ Spray ☐ Other

**Local vaginal oestrogen:** ☐ Cream ☐ Vaginal tablet / pessary ☐ Ring ☐ Other

**Progesterone / progestogen:** ☐ Oral ☐ Vaginal ☐ Hormonal IUD ☐ Other

**Testosterone:** ☐ Gel / cream ☐ Other

**Non-hormonal menopause treatment:** ☐ Yes

| Treatment / medication | Dose / strength | How do you use it? | What are you taking it for? | Why stopped / changed? |
|------------------------|-----------------|--------------------|-----------------------------|------------------------|
|                        |                 |                    |                             |                        |
|                        |                 |                    |                             |                        |

MHT is not contraception. If you are unsure what you use, bring the packaging or clear photographs of the front and back.

## WEIGHT CHANGE

As a guide, a change of around 5% of your usual body weight or more is worth mentioning. For example, about 3 kg if you usually weigh 60 kg, or 4 kg if you usually weigh 80 kg.

☐ Weight gain ☐ Weight loss ☐ Unintentional change

Approximately how much? \_\_\_\_\_ kg Over what period? \_\_\_\_\_

## WHAT HAVE YOU ALREADY TRIED?

If you have already tried treatment for the problem you are coming to discuss, note what it was for, whether it helped and why it was stopped or changed. This may include medication, hormones, procedures, physiotherapy, supplements or other treatments

| Treatment / product | What was it for? | Did it help? | Why did you stop / change it? |
|---------------------|------------------|--------------|-------------------------------|
|                     |                  |              |                               |
|                     |                  |              |                               |
|                     |                  |              |                               |

## QUESTIONS YOU WANT ANSWERED

Questions you do not want to forget:

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## PERSONAL OR SENSITIVE INFORMATION

Some information may be important to your medical care but feel too personal to put on a form or send through administrative staff. You can keep your own notes and discuss those details directly with your doctor. This may include a previous negative, painful or traumatic sexual or examination experience that could affect your care. You do not need to write details here; you can tell your doctor privately if you would prefer.

## EXAMINATION PREFERENCES

If you prefer to bring something of your own for an examination, you are welcome to do so. For example, a latex-free condom, lubricant or gown.

## BEFORE YOUR CONSULTATION

- ☐ Top 3 priority symptoms or concerns
- ☐ Medication names, doses and reasons checked
- ☐ Actual reports / results gathered
- ☐ Important dates written down
- ☐ Previous treatments and responses noted
- ☐ Questions written down

If your symptoms change significantly before a routine appointment, or you think you may need urgent medical care, seek appropriate urgent medical assessment rather than waiting for the consultation.

## ABOUT DR MARISE SUBRAYAN



### Dr Marise Subrayan

Specialist Gynaecologist | Menopause Specialist | Women's Health

I created this guide to help women make better use of the time available during a gynaecology consultation. You do not need to know your diagnosis or even exactly why you have been referred. Bringing the right information can help you and your doctor make better use of the time available.

Whether you are seeing me or another healthcare professional, I hope this helps you to feel better prepared for the conversation and feel more confident in the information you bring. Wherever you are on your healthcare journey, I hope you find the care and answers you need.

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General education and consultation preparation only. This guide does not provide a diagnosis, individual medical advice or emergency care.

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