



Yoni Steam Consent Form

Name: _____ Date: _____

Address: _____

City / State / Zip: _____

Phone: _____ E-mail: _____

Emergency Contact Name / Relationship / Phone: _____

Reason for Your Visit / what are your intentions/expectations for this visit

PLEASE DO NOT Participate in this treatment:

- If you are allergic to any plants or herbs including mugworth, motherwort, oregano, yarrow, lemongrass or rosemary
- If you have a gastro-intestinal flu, vomiting or have diarrhea
- On prescription medication, including beta blockers, diuretics or barbiturates, can affect your heart rate or interfere with your body's natural sweating system. Make sure to check with your doctor about side effects of your medication
- Heart disease, hypertension, hypotension, hyperthyroidism, hemophilia, diabetes, cancer, Parkinson's, systemic lupus erythematosus, or adrenal suppression and multiple sclerosis.
- With artificial joints, metal pins and silicone implants.
- If you are pregnant or there is a possibility of pregnancy or you're nursing
- During or after ovulation if you are trying to conceive
- During menstruation or if you experience hot flashes
- With any open wounds, sores, blisters or stitches
- If you have a vaginal infection or fever
- Piercings will need to be removed
- If you have an IUD

PLEASE drink plenty of water before you go in and plenty more when you come out.
If you start to feel nausea, headache, dizziness, fainting, burning or rapid heartbeat, leave the heat immediately and notify your service provider.

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, vaginal/yni steam may be contraindicated. A referral from your primary care provider may be required prior to service being provided. I understand that if I experience any pain or discomfort during any session, I will immediately inform the practitioner so that the temperature may be adjusted to my level of comfort. I further understand that vaginal/yni steam baths should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any physical or mental ailment of which I am aware. I understand that the practitioner facilitating the vaginal/yni steam bath is not qualified to diagnose, prescribe, and/or treat any physical or mental illness, and that nothing said in the course of any session given should be construed as such. Because vaginal/yni steam baths should not be performed under certain medical conditions, I affirm that I have stated all of my known medical conditions, and answered all questions accurately, completely, and honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I am aware and I understand there is a possibility that my IUD can come out due to a Vaginal Steam Bath. This has been explained to me and I am going ahead with the Vaginal Steam Bath at my own risk. I understand that I am having this vaginal/yni steam bath at my own risk and hereby release Lashes & Brows By Ashly and its contractors and/or employees from any liability. I understand that there will be refunds, and cancellations fees may apply as outlined in our cancellation policy.

Client Name (printed): _____

Client Signature: _____ Date: _____