

Date

Yoni Steam Intake Form

Personal Information

Name

DOB

AGE

Address

Phone

Occupation

Email

Contraindications Screening

The following are known contraindications to the Yoni Steam treatment. Please circle yes or no.

Are you currently on your menstrual cycle (period)	No	Yes
Do you currently have fresh spotting?	No	Yes
Are you prone to spontaneous bleeding within the last three months?	No	Yes
Are you prone to more than one menstrual cycle per month?	No	Yes
Have you had any type of vaginal procedure during the last three months?	No	Yes
Are you currently pregnant?	No	Yes
Are you actively trying to conceive?	No	Yes
If trying to conceive, are you past ovulation?	No	Yes

IMPORTANT: If you answered yes to any of the above questions then vaginal steaming is contraindicated and should not be performed. Vaginal steaming could result in onset bleeding or a miscarriage.

Reproductive Health Screening

When was the first day of your last menstrual cycle? _____
How many days are there between your menstrual cycles? _____
How long do your menstrual cycles last? _____
How old were you when you started your menstrual cycle for the first time? _____
Do you have any concerns about your menstrual cycle? _____
Are you receiving treatment for infertility? No Yes
Do you have unprotected sexual intercourse? No Yes
What method of birth control do you use? _____

Date

Yoni Steam Consent Form

Vaginal steaming is a natural and holistic remedy used by women dating back thousands of years. Vaginal steaming is thought to cleanse the vagina, uterus, help regulate menstruation cycles, and ease menstruation cramping and bloating. In addition to the contraindications listed on page 1 of this client intake form, vaginal steaming should be avoided if:

- You are allergic to certain herbs, spices, and botanicals.
- You are prone to yeast infections or other bacterial vaginal infections.
- You have a current outbreak of the herpes simplex virus, warts or other disease.
- You have an intrauterine device (IUD) implanted.

Please read and initial each line below.

1. _____ You understand the contraindications and risks associated with vaginal steaming and voluntarily elect to receive the treatment.
2. _____ You agree that you have truthfully disclosed of all health information listed on all pages of this intake form.
3. _____ You agree that you have not withheld any medical condition that may render the vaginal steaming treatment unsuitable for you.
4. _____ You agree that you are not pregnant or actively trying to conceive and that the practitioner will not be held responsible for damages, injury, or miscarriage due to your misrepresentation of health information on all pages of this intake form.
5. _____ You agree that you do not currently have an active outbreak of the herpes simplex virus or other contagious disease.
6. _____ You agree that you have no known allergies to the herbs, botanicals or spices that may be used in your vaginal steaming as discussed with the practitioner.
7. _____ You agree that you have removed all piercings before receiving the vaginal steaming treatment.

By signing below, you agree to the following terms:

I understand that if I experience any pain or discomfort during my vaginal steaming session, I will immediately inform the practitioner so that the temperature may be adjusted to my level of comfort. I further understand that yoni steam baths (vaginal steaming) should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a medical provider, or other qualified medical specialist for any physical or mental ailment of which I am aware. I understand that the practitioner facilitating the yoni steam treatment (vaginal steaming) 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. Vaginal/yonis steaming treatments 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 to the best of my knowledge and abilities. I agree to notify the practitioner immediately of any changes to my medical history or health information. I agree that the benefits, risks, and potential complications of the yoni steam bath (vaginal steaming) have been explained to me and I am proceeding with the yoni steam (vaginal steaming) treatment at my own risk. I hereby release the practitioner or any employee or associated of the aforementioned from any liability.

Signature

Date