



Thank you for considering us to facilitate your yoni steam session.

Please email this form to arielle@formysisters.com once completed and signed.

*Once you are cleared and deemed a good candidate for a yoni steam session or Bain Fey. You will be notified via email to proceed to scheduling a good date and time for your appointment. **Please ensure you provide a good email for contact.** All appointments are done in the comfort of your own home. Please provide a clean and quiet environment for your yoni steam session. Put away all pets prior to your session.*

Yoni Steam Client Intake Form

Date: _____ Name: _____

Date of Birth: _____

Address: _____

City / State / Zip: _____

Phone: _____ *E-mail: _____

Emergency Contact Name & Number : _____

Relationship to you: _____

Reason for Visit: _____

What are your intentions/expectations for this visit and what are your major concerns or conditions you want to improve?

When did you first notice your concerns?

_____ Has there been a medical diagnosis?

_____ If so, By whom? _____

Contraindications: There are times when it is not beneficial for a woman to steam. First, let's check and make sure that you don't have any of the contraindications: Please Mark Any of the Following that Apply:

Are you currently on your period? Yes, No, Not Sure

Do you currently have fresh spotting? _____

Have you had spontaneous bleeding within the past 3 months? _____

Have you had two periods per month in the past 3 months? _____

Have you had any type of vaginal procedure in the past 2 months? _____

Are you pregnant? _____

If trying to conceive are you past ovulation? _____

IMPORTANT The above “Yes” replies indicate that vaginal steaming is contraindicated. It is not safe and could result in negative side effects such as the onset of bleeding or a miscarriage. Steaming should not be performed at this time.

When Yoni steams should be avoided: • If you are pregnant or there is a possibility of pregnancy • During or after ovulation if you are trying to conceive • During menstruation • Fresh spotting or spontaneous bleeding • With any open wounds, sores, blisters or stitches • If you have a vaginal infection or fever • Piercings will need to be removed • Birth control implant (Nexplanon, Implanon) • Infection with burning • Tubal Coagulation
Caution: • If you have an IUD, Yoni steams help release matter from the uterus. They are on the caution list but no longer contraindicated. However, I will ask that if you have an IUD, you sign a release form that you are aware of the possibility of your IUD releasing.

Reproductive Health History

When was the first day of your last period? _____

How often do your periods come? _____

How long do they last? _____

Do you have any concerns about your menstrual cycle?

How old were you when you started your period? _____

Are you under treatment for Infertility?

_____ If yes, describe current treatment:

(I.V.F, I.U.I etc.) _____

Pregnancy

Are you pregnant or trying to conceive? _____

Is there a chance of you being pregnant? _____

Are you currently on birth control? _____

How many pregnancies have you had? _____

Please Mark Any of the Following that Apply: Do you have an infection characterized with a burning itch? Yes, No, Not Sure

Do you have tubal coagulation (burning of the fallopian tubes through laparoscopic surgery through the belly button)? _____

Do you have a birth control arm implant? _____

IMPORTANT If you are using the above birth control methods vaginal steaming could cause a birth control failure. It is not recommended unless you are okay with a backup form of birth control or you are not concerned about a possible pregnancy.

If you have a burning itch the warmth from the steam could be uncomfortable since there is already so much heat in that area. In this case it is best to seek treatment from an acupuncturist to get the burning sensation to go away prior to doing a vaginal steam session.

Sensitivities

Some women are very responsive to steam and it can cause a physiological response. If you are in this category then it is okay to steam, however your practitioner will adjust your steam session and herbs so that it perfectly suits you.

Please Mark All That Apply: Yes, No, Not Sure

Is this your first time doing a steam session? _____

Are your menstrual cycles currently or historically every 27 days or shorter? _____

Have you experienced any hot flashes over the past month? _____

Have you experienced any night sweats over the past month? _____

Do you have an IUD in? _____

Do you have herpes? _____

Do you have the Nuva Ring in? _____ (If so, it should be removed prior to steam session)

Are you age 13 or younger? _____

Are you currently or historically prone to yeast infections? _____ If yes, please explain:

Are you currently or historically prone to bacterial vaginosis? _____ If yes, please explain: _____

Do you have a history of spontaneous bleeding or two periods per month (4 months or later in the past)? _____ If yes, please explain: _____

The above "yes" replies indicate sensitivity in which case a mild setup without a burner should be used. Under no circumstances should clients who have sensitivity use an advanced setup with a burner. Herb Selection It is best to select herbs suitable to your constitution. Your practitioner will use the info from this intake form to select a suitable vaginal steam formula for you. Indicators for Cleansing Herbs

Answer the following questions with **Yes, No, Not Sure**

Are your menstrual cycles 28 days or longer? _____

Is your menstrual cycle absent or missing for an unknown reason or because of birth control? _____

Are you currently taking birth control pills? _____

Indicators for Gentle Herbs

Answer the following questions with **Yes, No, Not Sure**

Do you ever have menstrual cycles 27 days or less? _____

Do you have fresh spotting between periods? _____

Are you currently under age 13? _____

If there are any "Yes" signs for the Gentle herbs this formula will always be the best choice.

Indicators for Disinfecting Herbs

Answer the following questions with **Yes, No, Not Sure**

Do you have green vaginal discharge? _____

Do you have yellow vaginal discharge? _____

Do you have white vaginal discharge? _____

Do you have thick vaginal discharge _____

Do you have malodorous vaginal discharge? _____

Indicators for Moisturizing (Cooling) Herbs

Answer the following questions with **Yes, No, Not Sure**

Do you have vaginal dryness? _____

Have you experienced hot flashes recently? _____

Have you experienced night sweats recently Do you have any type of dry infection (without vaginal discharge)? _____

Do You Have Any Food or Plant Allergies? (if yes, please explain)

**Practitioner Use Only Which Setup Would Be Best? Steaming is Contraindicated Yes
No Mild Session Advanced Session Cleansing Herbs Gentle Herbs Disinfecting Herbs
Cooling Herbs Cloak No Cloak Notes:**

WAIVER

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, yoni steam baths 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 yoni steam baths 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 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. Vaginal/yonis steaming 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 be released due to a Yoni Steaming. This has been explained to me and I am proceeding with the Yoni Steaming at my own risk. I understand that I am having this yoni steam at my own risk and hereby release Lady Arielle, For My Sisters Womb Practitioner, and, or any employee at For My Sisters from any liability.

For My Sisters Financial Policy:

Thank you for choosing us for your Yoni Steaming. The following is our Financial Policy that we require you to read and sign. Full payment for services is due at least 48 hours prior to your appointment date. The first visit includes personalized yoni steam, your kit will include 3 personalized yoni steam, tea and candles, during our session you will also have a personalized energy cleansing session using sound therapy and after care instructions for \$250. Allow 1-1 1/2 hours for entire service. Follow up steams are \$200. Please give us 24-hour notice in advance if you cannot keep your appointment for any reason. No-Show/late cancellation are non-refundable.

Client Name (printed): _____

Client Signature: _____ Date: _____

