

Yoni Steam Confidential Client Intake Form

Please Print Clearly		
Name:	Date	
Address:	City:	Zip:
E-mail:		
Birthday:	Phone:	
How did you hear about us?		
Emergency Contact:	Phone:	

May we contact you via mail/email about future promotions/news? □Yes □No

All information received on this form will be treated as strictly confidential. Please fill it out completely and accurately. This information is essential to help your Yoni Steam Practitioner safely and effectively develop your personalized wellness program; specifically, the herbal blends that address your needs, goals and interests.

GENERAL & MEDICAL INFORMATION IN THE LAST 6 MONTHS

Check all that apply:

□Endometriosis □PID □STI □Menopause □IUD □Pain □Miscarriage □Infertility □Polycystic Ovaries □Breastfeeding □PMS □Prolapsed Uterus □Bacterial Vaginosis □Vaginal Surgery □Vaginal Piercing □Fibroids □Pregnant (Do Not Steam If You Are Pregnant, or Think You May Be Pregnant)

Please indicate any mental discomfort that you are experiencing:

□Anxiety □Anger □Compulsive □Memory Trouble □Depressed □Unfocused □Grief/Sadness □Hyperactive □Confused □Headache □Lack of Energy □Excess Stress □Consistently Frustrated/Annoyed

Woman Should Not Yoni Steam If They Experience: extremely heavy menstrual cycles, on your period, have a vaginal infection, open wounds, sores, blisters, if you are pregnant or think you are. If you have genital piercings, take them out before steaming, the heat can cause the piercing to burn. If you have a IUD, your muscles get warm & relax and your IUD can fall out.

I, ______(Print Name) understand my Yoni Steam Practitioner does not diagnose any medical, physical or mental disorder or prescribe medication. This service is not intended to diagnose, treat, cure or prevent any disease. Those seeking treatment for a specific disease should consult a qualified medical, integrative or holistic physician prior to using our service. The statements and services offered have not been evaluated by the U.S. Food and Drug Administration.

I understand that services offered are not a substitute for medical care and any information provided by the therapist(s) is for educational purposes only and not diagnostically prescriptive in nature. I agree that this intake form and waiver is in effect for all my Yoni(vaginal) steaming sessions and will not expire. I understand that I am free to withdraw my consent and stop Yoni steaming treatment at any time. The treatments and precautions above have been explained to me in detail and I fully understand.

Client Signature

	Date	
Therapist/Practitioner Signature		
Date		

Thank You for Visiting VP Steam Spa!

PRACTITIONER'S NOTES: