



# Yoni Steam

## Confidential Client Intake Form

*Please Print Clearly*

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

*(Please Print Clearly)*

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.

