



### Yoni Steam Client Intake Form

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

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Referred by: \_\_\_\_\_

#### Emergency Contact

Name / Relationship / Phone:

\_\_\_\_\_

#### 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? \_\_\_\_\_

#### 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 check as appropriate:**

Abnormal Pap Smears, if yes when?	Low libido	
Dark Blood at the beginning or end of cycles	Ovarian cyst	
PCOS	PMS	
Endometriosis	Sexual Transmitted Infections (HPV, Herpes, BV, HIV)	
Excessive bleeding	Infection with burning	
Failure to ovulate	Vaginal Dryness	
Hemorrhoids	Vaginal Discharge	
Hot flashes	Night Sweats associated with menopause	
Infertility	Treatment for painful periods	
Irregular cycles (early or late) circle one	Birth Control Implant (Nexplanon)	
Tubal Coagulation	Spontaneous bleeding	
Fresh spotting	Uterine Fibroids	

Other symptoms not listed above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

**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.

**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 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 be released due to a Yoni Steam Bath. This has been explained to me and I am proceeding with the Yoni Steam Bath at my own risk.

I understand that I am having this yoni steam bath at my own risk and hereby release Angela Holder or any employee at Fabulously Fancy, LLC from any liability.

**Client Name (printed):** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_