



# YONI STEAM CONSENT FORM

Patient Name ( <i>print name</i> ):				Date:	
Street/Mailing Address:			City	State	Zip
Home Phone <input type="checkbox"/> Mobile Phone <input type="checkbox"/>			Email:		
Emergency Contact Name/Relationship:				Phone:	
SERVICE:	Asua Steam	Oshun Steam	Odudua Steam	Aromatherapy	Scrub
Reason for your Visit / What are your intentions / expectations for this visit?					
<b>PLEASE DO NOT Participate in this treatment if you have any of the following;</b>					
<ul style="list-style-type: none"> <li>∞ You are allergic to any plants or herbs including mugwort, motherwort, oregano, yarrow, lemongrass or rosemary.</li> <li>∞ You have a gastro-intestinal flu, vomiting or have diarrhea.</li> <li>∞ On prescription medication, including beta blockers diuretics or barbiturates, can affect your heart rate or interfere with your body's natural sweating system. Make sure to check with your doctor about side effects of your medication.</li> <li>∞ Heart disease, hypertension, hypotension, hyperthyroidism, hemophilia, diabetes, cancer, Parkinson's, systemic lupus erythematosus, or adrenal suppression and multiple sclerosis.</li> <li>∞ Have artificial joints, metal pins and silicone implants.</li> <li>∞ Avoid alcohol &amp; recreational drugs before steam.</li> <li>∞ You are pregnant or there is a possibility of pregnancy or you're nursing.</li> <li>∞ During or after ovulation if you are trying to conceive.</li> <li>∞ During menstruation or if you experience hot flashes.</li> <li>∞ With any open wounds, sores, blisters or stitches.</li> <li>∞ You have a vaginal infection or fever.</li> <li>∞ Piercings will need to be removed.</li> <li>∞ You have an IUD.</li> </ul>					
PLEASE drink plenty of water before you go in and plenty more when you come out! If you start to feel nausea, headache, dizziness, fainting, burning or rapid heartbeat, leave the heat immediately and notify your service provider.					
<p><b>CAUTION!</b> If you have an IUD, Steams help release matter from the uterus. To date, there are no incidents of IUD's being released with vaginal steam baths. They are on the caution list but no longer contraindicated. However, I will ask that if you have an IUD, please initial this section as a release signed by you that you are aware of the possibility of your IUD releasing.</p>					<p><b>Patient Initials</b></p>



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## 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(s): (I.V.F, I.U.I etc.)		
<b>PREGNANCY</b>	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?
<b>Please circle which applies:</b>	Do you have an infection characterized with a burning itch?	YES / NO
	Do you have tubal coagulation (burning of the fallopian tubes through laparoscopic surgery through the belly button) ?	YES / NO
	Do you have a birth control arm implant?	YES / NO

**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 place?			
Do you have Herpes?			
Do you have a Nuva Ring in place? <i>(If so, it should be removed prior to steam session)</i>			
Are you Age 13 or younger?			
Are you currently or historically prone to yeast infections? <i>(If yes, please explain)</i>			
Are you currently or historically prone to bacterial vaginosis? <i>(If yes, please explain)</i>			
Do you have a history of spontaneous bleeding or two periods per month <i>(4 months or later in the past) ? If yes, please explain:</i>			



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The above “yes” answered 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.

<b>Herb Selection</b>	<i>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.</i>
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Are your menstrual cycles 28 days or longer? <i>(If yes, please explain)</i>	YES	NO
Is your menstrual cycle absent or missing for an unknown reason or because of birth control? <i>(If yes, please explain)</i>		
Are you currently taking birth control pills? <i>(If yes, please explain)</i>		
<b>Indicators for Gentle Herbs</b>		
Do you ever have menstrual cycles 27 days or less? <i>(If yes, please explain)</i>		
Do you have fresh spotting between periods? <i>(If yes, please explain)</i>		
Are you currently under age 13? <i>(If yes, please explain)</i>		

If there are any “YES” signs for the Gentle Herbs this formula will always be the best choice.

<b>Indicators for Disinfecting Herbs</b>	YES	NO
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?		
<b>Indicators for Moisturizing (Cooling) Herbs</b>		
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? <i>(If yes, please explain)</i>		

**Thank you for completing the health history – please review and sign the next page!**



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**This section for Practitioner Use Only**

<b>Herbs Used:</b>	.
Gentle Herbs	
Disinfecting Herbs	
Cooling Herbs	
Meditation Session Type	
Meditation Sound/Video:	
<b>NOTES:</b>	

**Please take a moment to carefully read the following information and SIGN this consent below:**

If you have a specific medical condition or specific symptoms, vaginal/yoni steam baths may be contraindicated. A referral from your primary care provider may be required prior to service being provided. *By signing below you acknowledge:* I understand that if I experience any pain or discomfort during any session, I will immediately inform the practitioner(s) so that the temperature may be adjusted to my level of comfort. I further understand that vaginal/yoni steam baths should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any physical or mental ailment of which I am aware. I understand that the practitioner facilitating the vaginal/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. Because vagina/yoni 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 come out due to a Vaginal Steam Bath. This has been explained to me and I am going ahead with the Vaginal Steam Bath at my own risk. I understand that I am having this vaginal / yoni steam bath at my own risk and hereby release Essential Woman, LLC and its contractors and/or employees from any liability.

Client/Patient Name (Print)	Date of Birth:
Client Signature:	Date:
Service Provider Signature (witness):	Date: