



## Confidential Intake Form

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

### 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 and when? \_\_\_\_\_

### Contraindications

There are times when it is not beneficial for a woman to steam. Let us check and make sure that you do not have any of the contraindications:

Are you currently on your period? \_\_\_\_\_  
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? \_\_\_\_\_  
Do you have an IUD? \_\_\_\_\_  
Do you currently have an infection with burning?  
Do you have a birth control implant (Nexplanon, Implanon)? \_\_\_\_\_  
Are you currently being treated for infertility? \_\_\_\_\_  
Have you had a tubal ligation and/or coagulation? \_\_\_\_\_  
If yes has your tubal been more than 5 years? Y/N

\*If you answered **YES** to any of the above, it is not safe to steam. It could result in negative side effects such as the onset of bleeding, miscarriage, or movement of a device.

### Allergies/Sensitivities

Do you have any food or plant allergies? Y/N

### **Yoni Steams should be avoided:**

- If you are pregnant, or a possibility of pregnancy.
- During or after ovulation if you are trying to conceive.
- During menstruation.
- If you have any fresh spotting or spontaneous bleeding.
- If you have any open wound, sores, blisters, or stitches.
- If you have a vaginal infection or fever.

### **Reproductive Health History**

When was your last menstrual cycle? \_\_\_\_\_

How often do your periods come? \_\_\_\_\_ How long do they last? \_\_\_\_\_

Do you have concerns about your menstrual cycle? **Y/N**

Do you have a nuva ring? **Y/N**. If so, it must be removed prior to steam.

Are you currently or historically prone to bacterial vaginosis? **Y/N**

### **Herbs Selection:**

Your certified practitioner will use the following information to select a suitable steam formula for you.

Restore/Cleansing Herb Indicator

Are your menstrual cycles 28 days or more? \_\_\_\_\_

Do you have irregular menstrual cycles? **Y/N**

Are you currently taking birth control pills? **Y/N**

### **Disinfecting/Detox Herb Indicator**

Do you have a thick vaginal discharge (green, yellow, or white)? **Y/N** \_\_\_\_\_

Do you have a vaginal smell? **Y/N**

### **Hydrating/Cooling Herb Indicator**

Do you have vaginal dryness? **Y/N**

Do you have hot flashes? **Y/N**

Do you have night sweats? **Y/N**

Do you have an aversion to heat? **Y/N**

Do you radiate heat? **Y/N**

Do you have an infection without discharge? **Y/N**

Do you have hemorrhoids? **Y/N**

### **Gentle Herb Indicator**

Are your menstrual cycles 27 days or less? **Y/N**

Do you have fresh spotting between periods? **Y/N**

## **Wavier**

### **Please be advised:**

Most of the side-effects reported while steaming is positive. Users have reported better sleep, relaxation, decreased swelling in legs and feet, decreased abdominal bloating, slimmer waistline, increased libido, and sexual sensation, increased vaginal nectar and fertility, decrease in breast soreness, fewer headaches, fewer PMS symptoms and improved emotional balance, circulation and energy, glowing skin, reduction in incidence of hormonal acne and increased lubrication and tighter vaginal canal.

### **What to expect:**

Steaming is a cleanse. Some signs the vaginal steam is working is for you:

- if you experience the urge to urinate while steaming
- brown discharge after steaming
- increased clots or cramps during your menstrual cycle
- increased dry cramps
- increased irregular vaginal discharge (white, green, thick, or clumpy)
- emotional release
- Your cycle comes earlier or later than expected

These signs are a normal part of the cleansing process, and these signs will go away once the cleanse is complete. Please note these changes and let your yoni practitioner know of the positive changes.

### **Best practices:**

- Use the bathroom prior to steam
- Piercings should be removed prior to steaming.
- Learn proper period care  
Avoid tampons, use cotton pads, or period panties. The period is a uterine cleanse and if you support it the clots can easily clear out. Plugging up with a tampon prevents the old residue from clearing out and this is often the cause of cramping. It is also important to rest during the period and to eat the right foods.
- Increased vaginal discharge can be addressed by using cotton underwear liners and peri-bottle throughout the day to clean mucous off the skin.
- Having a plant-based diet will drastically help your life and the health of your vagina.  
incorporate more fresh fruits and vegetables into your diet.

**Caution Signs:**

If your steam causes a rash, bumps, headaches, itchiness, diarrhea, or the onset of fresh spotting or inter-period bleeding, this could be a sign that your steam protocol or herbs might need to be adjusted or that there is an allergic reaction. If these signs occur, please let your practitioner know so they can adjust the steam session, as necessary.

I understand 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.

In 99% of all cases using a mild steam session and mild herbs will prevent any of the above signs from happening so it is important that you give honest answers in this intake form so that the practitioner can set up a steam session that will fit your needs.

I understand that a yoni steam is not qualified to diagnose, prescribe and/or treat any physical or mental illness and that nothing said during my session given should be construed as such. I affirm that I have stated all my known medical conditions, and answered all questions, accurately completely, and honestly.

I understand 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 understand that I am having a vaginal steam at my own risk. I accept legal responsibility for my choice to do a vaginal steam session and waive the responsibility of the practitioner, Rejuvenating Yoni Steam and the facility where the steam session takes place in the case that any of the named side effects (or other) may occur.

**Note**

Please print and sign your name below to confirm that you understand and acknowledge receipt of this waiver.

**Print name:** \_\_\_\_\_  
**Sign** \_\_\_\_\_

**Date** \_\_\_\_\_

**Office use only:**

Herb selections: Gentle -Disinfecting-Cleanse-Cooling  
Practitioner \_\_\_\_\_