



Vaginal Steam Bath

Personal Information

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 complaints or conditions you want to improve? _____

When did you first notice major complaints? _____

What brought it on? _____

Has there been a medical diagnosis? _____

By whom? _____

Reproductive Health History

What was the first day of your last period? _____ If they have stopped, when? _____

How often do your periods come? _____ How long do they last? _____

Episodes of Amenorrhea? _____ When? _____ For how long? _____

Do you have any concerns about your menstrual cycle? _____

A.R.T.

Are you under treatment for Infertility? _____

Describe current treatment: (I.V.F, I.U.I etc) _____

Describe past treatments: _____

Pregnancy

Are you pregnant or trying to conceive? _____

How many pregnancies have you had? _____ Number of Deliveries _____

Terminations / When? _____ Miscarriages / When? _____

Complications _____

Deliveries:

[illegible]

Please check as appropriate:

Abnormal Pap Smears		Irritability	
Adhesions / Scar Tissue		Low Back Pain with period	
Anxiety		Low Libido	
Bladder Infections		Mood Swings	
Bloating / Water Retention		Ovarian Cysts	
Cancer especially of the reproductive area		Painful Intercourse	
Chronic Miscarriage		Painful Ovulation	
Clotting		Painful Periods	
Dark Blood at beginning or end of cycle		PMS	
Depression		Polycystic Ovarian Syndrome (PCOS)	
Edema in legs		Restless Legs	
Endometriosis		Sexually Transmitted Disease	
Excessive Bleeding		Spotting	
Failure to Ovulate		Uterine Fibroids	
Frequent Urination		Uterine Infections	
Headaches or Migraines with period		Uterine Polyps	
Heaviness in Pelvis with period		Uterine Prolapse	
Hemorrhoids		Vaginal Discharge	
Hot Flashes		Vaginal Dryness	
Incontinence		Vaginal Infections	
Infertility / Fertility Issues		Varicose Veins	
Irregular Cycles (early or late)		Womb Trauma	
Irregular Ovulation			

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
- With any open wounds, sores, blisters or stitches
- If you have a vaginal infection or fever
- Piercings will need to be removed

Caution:

- 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, 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, vaginal/yni 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 vaginal/yni 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/yni 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 vaginal/yni 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/yni steam bath at my own risk and hereby release Michelle Hansen, and/or Moon Shadow Healing Arts from any liability.

Client Name (printed): _____

Client Signature: _____ **Date:** _____