

Yoni Steam Client Intake Form



Advance
Detox
Center

Colonic Hydrotherapy for Men & Women

General Information

Name

Date of Birth

Address

City

State

Zip Code

Phone #

Email

What are your intentions/expectations for visit and what are your major concerns?

How did you hear about us?

Medical History

Please check all that apply:

- Are you pregnant? Yes No
- Are you currently on your period? Yes No
- Do you have fresh spotting? Yes No
- Have you had spontaneous bleeding within the past 3 months? Yes No
- Have you had 2 periods in one month in the past 3 months? Yes No
- Have you had any type of vaginal procedure in the past two months? Yes No
- If trying to conceive, are you past ovulation? Yes No
- Do you have an infection with a burning Itch? Yes No
- Do you have any open wounds, sores, blisters or stitches in your vaginal area? Yes No

If you answered yes to any of the above questions, it is not safe for you to receive a v-steam treatment at this time as it could lead to negative side effects such as bleeding or miscarriage.

- Have you had tubal coagulation? Yes No
- Do you have a birth control implant in your arm (i.e. Nexplanon, Implanon)? Yes No
- Do you have an IUD implanted? Yes No

If you answered yes to any of the above questions, a v-steam could cause a birth control failure. This treatment is not recommended unless you are prepared to use a backup form of birth control or are not concerned with a possible pregnancy. If you have an IUD, there is a chance that your IUD could release.

- Are you currently taking any medications? Yes No

If yes, please list:

- Do you have any allergies? Yes No

If yes, please explain:

Please list any other illness/condition you are currently being treated for by a medical professional:

If yes, please explain:

Reproductive Health History

When was the first day of your last period?

How often do your periods come?

How many days do you normally bleed?

Do you have any concerns about your menstrual cycle?

Are you under treatment for infertility?

If yes, please describe your current treatment (IVF, IUI, 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?

Medical History

Is this your first V-Steam/Yoni Steam session?

Yes No

Are your menstrual cycles ever 27 days or shorter?

Yes No

Have you experienced hot flashes in the past month?

Yes No

Have you experienced night sweats in the past month?

Yes No

Do you have herpes?

Yes No

Do you have a Nuva Ring inserted?

Yes No

(if so, it should be removed prior to the steam session)

Are you 13-years-old or younger?

Yes No

Are you prone to bacterial vaginosis?

Yes No

If yes, please explain:

Are you prone to yeast infections?

Yes No

If yes, please explain:

Do you have a history of spontaneous bleeding or two periods per month?

Yes No

If yes, please explain:

PLEASE DO NOT PARTICIPATE IN YONI STEAMING IF YOU HAVE ANY OF THE FOLLOWING:

- If you are allergic to any plants or herbs including mugwort, motherwort, oregano, yarrow, lemongrass, or rosemary.
- If you have a gastro-intestinal flu, vomiting or have diarrhea.
- If you are taking prescription medication, including beta blockers, or barbiturates, in which can affect heart rate or interfere with your body's natural sweating system. Make sure to check with your doctor about any side effects of your medication.
- If you have heart disease, hypertension, hyperthyroidism, hemophilia, diabetes, cancer, Parkinson's, systemic lupus, erythematous, or adrenal suppression and multiple sclerosis.
- If you are pregnant or nursing.
- If you are trying to conceive, not during or after ovulation.
- If you are on your menses or currently experiencing hot flashes.
- If you have any open wounds, sores, blisters or stitches.
- If you have any vaginal infection or fever.
- If you have an IUD.
- If you have piercings, they will need to be removed to avoid burns.

YOU SHOULD STOP YOUR YONI STEAM IF YOU ARE FEELING:

- **GENERALLY UNWELL**
- **LIGHTHEADED**
- **DIZZY**
- **NAUSEOUS**
- **INTENSE HEADACHE**
- **SHORTNESS OF BREATH**
- **IF THE HEAT IS UNCOMFORTABLE, EVEN IN THE SLIGHTEST, STAND UP!**

By signing below, I agree to the following:

I have completed this form to the best of my ability and knowledge. I agree to inform the technician of any changes in the above information. I agree that I do not have any condition(s) that would make the requested treatment unsuitable. I will inform the technician of any discomfort I may experience at any time during my treatment to allow them to adjust accordingly. I agree to waive all liability toward my therapist or Advance Detox Center for any injury or damages incurred due to any misrepresentation of my health.

Name Printed

Signature

Date

Herb Selection



Advance
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Center

Colonic Hydrotherapy for Men & Women

In order to select herbs to best meet your needs, please answer the questions below:

RELEASE - Organic Cleansing Blend

Are your menstrual cycles 28 days or longer?

Yes No

Do you want to support clearing of stagnation and alleviate period pain?

Yes No

Are you steaming to release cyst's and fibroids?

Yes No

IREJUVENANTE - Organic Strengthening Blend

Are your menstrual cycles ever 27 days or less?

Yes No

Do you have fresh spotting between periods?

Yes No

Are you experiencing perimenopause?

Yes No

RENEW - Organic Disinfecting Blend

Do you have green, yellow, or white vaginal discharge?

Yes No

Do you have thick vaginal discharge?

Yes No

Do you have malodorous vaginal discharge?

Yes No

REFRESH - Organic Cooling Blend

Do you have vaginal dryness?

Yes No

Have you experiences hot flashes recently?

Yes No

Have you experienced night sweats recently?

Yes No

Do you have any type of try infection (without vaginal discharge)?

Yes No

RECOVER - Organic Postpartum Blend

Do you want to release lochia and achieve a full uterine cleanse after delivery?

Yes No

Are you experiencing an infection during postpartum?

Yes No

WOMB WISDOM - Organic Universal Blend

Do you want to support womb health?

Yes No

Are under the age of 16?

Yes No

Are you with a sister circle or pamper party?

Yes No