



JP'S BODY REJUVENATION SPA
324 4TH STREET NW WINTER HAVEN FL 33881
YONI STEAM (V-STEAM) INTAKE & CONSENT FORM

PERSONAL INFORMATION

Name: _____ DOB: _____ Date of Contact: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone Number: _____
Email Address: _____ Gender: ☐ M ☐ F ☐ O
How did you hear about us? ☐ Facebook ☐ Instagram ☐ Other _____

CONTRAINDICATIONS

There are times when it is not beneficial for a woman to steam. First, let's check and make sure that you don't have any contraindications.

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY ✓	YES	NO	NOT SURE
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?	☐	☐	☐
Are you pregnant?	☐	☐	☐
If trying to conceive are you past ovulation?	☐	☐	☐

IMPORTANT The above "Yes" replies indicate that vaginal steaming is contraindicated. It is not safe and could result in negative side effects such as the onset of bleeding or a miscarriage. Steaming should not be performed at this time.

WHEN YONI STEAMS SHOULD BE AVOIDED:

- If you are pregnant or there is a possibility of pregnancy
- During menstruation
- With any open wounds, sores, blisters or stitches
- Piercings will need to be removed
- Infection with burning
- During or after ovulation if you are trying to conceive
- Fresh spotting or spontaneous bleeding
- If you have a vaginal infection or fever
- Birth control implant (Nexplanon, Implanon)
- Tubal Coagulation

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.



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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: (I.V.F, I.U.I etc.) _____

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY ✓

	YES	NO	NOT SURE
Do you have an infection characterized with a burning itch?	☐	☐	☐
Do you have tubal coagulation (burning of the fallopian tubes through laparoscopic surgery through the belly button)?	☐	☐	☐
Do you have a birth control arm implant?	☐	☐	☐

PREGNANCY HISTORY

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? ____

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.



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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 CHECK ANY OF THE FOLLOWING 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?	☐	☐	☐
Do you have herpes?	☐	☐	☐
Do you have the Nuva Ring in? (If so, it should be removed prior to steam session)	☐	☐	☐
Are you age 13 or younger?	☐	☐	☐
Are you currently or historically prone to yeast infections?	☐	☐	☐
Do you have a history of spontaneous bleeding or two periods per month (4 months or later in the past)?	☐	☐	☐

The above "yes" replies indicate sensitivity in which case a mild setup which should be performed 10-15 minutes. Under no circumstances should clients who have sensitivity use an advanced setup which is 25- 30 minute steam sessions.



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Please read and check each statement to show your understanding and agreement. ✓

☐	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/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 be released due to a Yoni Steam Bath. This has been explained to me and I am to 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 JP's Body Rejuvenation Spa or any employee at JP's Body Rejuvenation Spa from any liability

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT AND ALL THE INFORMATION DETAILED ABOVE

CLIENT

Name: _____

Signature: _____

Date: _____

PRACTITIONER

Name: _____

Signature: _____

Date: _____