



Zen Retreat Spa

Yoni Vaginal Steam Consent Form

Name: _____ Date: _____

Address: _____

City / State / Zip: _____

Phone: _____ E-mail: _____

Occupation(optional): _____ Date of Birth: _____ Age: _____

How did you hear about us? _____

Emergency Contact:

Name / Relationship / Phone: _____

Reason for Visit

What are your expectations for this visit? _____

Reproductive Health History

When was your last period? _____

Do you have any concerns about your menstrual cycle? YES NO

Are you or were you under treatment for Infertility? YES NO

Pregnancy

Are you pregnant or trying to conceive? _____

please circle as appropriate:

Edema in legs	Failure to Ovulate	Syndrome (PCOS)	Vaginal Discharge	Varicose Veins
Restless Legs	Uterine Fibroids	Uterine Polyps	Hot Flashes	Womb Trauma
Endometriosis	Frequent Urination	Uterine Prolapse	Vaginal Dryness	Irregular Ovulation
STI or STD	Uterine Infections	Hemorrhoids	Incontinence	Scar Tissue
Excessive Bleeding	Migraines	Heaviness in Pelvis	Vaginal Infections	Irritability Adhesions
Spotting	Ovarian Cysts	Clotting	Chronic Miscarriage	Painful Ovulation
Anxiety	Water Retention	PMS	Irregular Cycles	Fertility Issues
Low Back Pain	Bloating	Depression	Painful Periods	Bladder Infections
Low Libido	Mood Swings	Infertility	Painful Intercourse	Reproductive cancer

When Zen V 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, we 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 steam baths may be contraindicated.

1. 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.
2. I further understand that vaginal 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.
3. I understand that the practitioner facilitating the vaginal steam bath is not qualified to diagnose, prescribe, and/or treat any physical or mental illness, and that nothing said during any session given should be construed as such. Because vaginal steam baths should not be performed under certain medical conditions.
4. I affirm that I have stated all my known medical conditions, and answered all questions accurately, completely, and honestly.
5. 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.
6. 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.
7. I understand that I am having this vaginal' steam bath at my own risk and hereby release Zen Retreat, and all staff from any liability.

Signature: _____ **Date:** _____