

Vaginal Steam Bath: Confidential Health History Form Serenity Wellness

Print Name: Phone: E-mail: Address: Age: DOB: Occupation: Were you referred? YES DOD If so, by whom? Please check ALL that apply: Infertility Issues Recurring yeast infections Discharge Recurring bacterial infections Cramping Irregular period Brown blood during period Brown blood during period Brown blood during period Bladder infections Purple blood during period PlD Endometriosis Incontinence Absence of periods Hemorrhoids Contraindications (have you ever been diagnosed with or experienced any of the following conditions? Date a that apply.) Extremely heavy periods. Date: First day of your last cycle. Date: Dopen wounds. Date: Blisters. Date: Date: Date: Discharge Phone: "I have not been diagnosed with any contraindications for vaginal steaming. I am aware that this facility does not have a Licensed Medical Director on site. I am aware adverse events such as vaginal spasms have been alleged and claimed with the use of vaginal steaming. Should I experience discomfort or pain, I am responsible for immediately stopping yession. I am the sponsible for immediately stopping yession. I am sessions. I diving the session, I experience discomfort or pain, I am responsible for immediately stopping yession. I am yessession. I developed and claimed with the use of vaginal steaming. Should I experience discomfort or pain, I am responsible for immediately stopping yession. I am yessession. I during the session, I experience discomfort or pain, I am responsible for immediately stopping yession. I am yessession. I developed and claimed with the use of vaginal steaming. Should I experience discomfort or pain, I am responsible for immediately stopping yession. I am yessession. I am responsible for immediately stopping yession. I am yessession. I am responsible for immediately stopping yession. I am yessession. I am a manufacturing the session, I experience discomfort or pain, I am responsible for immediately stopping yession. I am	CLIENT INFORM	MATION	DATE:	DATE:	
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