

INTAKE FORM

(All Information is Confidential)

******* Please be aware that you CANNOT Yoni Stream if you have an IUD or are pregnant. *******

Applicant Information

Full Name: _____ Phone: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Height: _____ Email _____

Weight: _____

Marital Status: _____ AGE: _____ DOB: _____

Emergency Contact Info:

Are you a Mother? (How many?) YES NO If no, are you authorized to work in the U.S.? YES NO

Are you a Mother? YES NO If yes, How many? _____

Are you a Grandmother? YES NO If yes, How many? _____

Are you a Mother? YES NO If yes, How many? _____

What is the Primary reason for seeking womb care services today?

Please Check All Condition & Symptoms Of Your Womb

_____ Endometriosis _____ Menopause _____ Infertility _____ PMS _____ PID _____ STI

_____ Polycystic Ovaries _____ Prolapsed Uterus _____ Fibroids _____ UTI _____ Pain _____ STD

_____ Herpes (please inform practitioner) _____ Hysterectomy

Birth History

Currently Breastfeeding _____ Pregnant _____ Number of Pregnancies _____ Live Births _____

C-Sections _____ Ectopic Pregnancy/Number _____ Still Births _____ Miscarriages _____

Abortion Number _____

Menstrual History

Do you have a menstrual cycle? _____ Length of Cycle _____ Irregular Cycle _____ Clotting? _____

Headaches? _____ Cramping? (Mild, moderate, or severe) _____ Heavy Bleeding? _____

Miscarriages _____

Which brand of sanitary pads or tampon do you use? _____

Birth Control History

What forms of birth control have you taken? _____

Are you currently on birth control? _____ If so, what? _____ How long? _____

Relationship History:

Are you currently in a relationship? _____ If do, How long? _____

Is there any abuse (physical, emotional, mental, financial) _____?

Are you happy? _____

Sexual History:

Number of Sexual Partners _____ Sexually Active _____

Last Date of Sexual Activity _____ Rape: _____ Molestation: _____

Domestic Violence: _____

How do you feel about sex? _____

Do you enjoy it? _____ Is it painful? _____

Have you experienced orgasm? _____ How Often? _____

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Please Check Any Mental Discomfort You Are Experiencing:

___ Anxiety ___ Excess Stress ___ Headaches ___ Consistently Frustrated/Annoyed ___ Insomnia

___ Depressed ___ Anger ___ Grief/Sadness ___ Hyperactive ___ Hypertension ___ Confused ___ Unfocused

___ Indecisive ___ Lack of Energy ___ Memory Trouble ___ High Blood Pressure

Nutrition

What is your dietary goal? Are there patterns or aspects of your current diet that you would like to change?

Any allergies to food, medications, herbs or herbal aromas?

Are you currently taking any medications? If so, what?

Any History of substance or alcohol abuse? If so, what?

Hobbies

What are your hobbies & creative interests?

Any allergies to food, medications, herbs, or herbal aromas?

Are you currently taking any medications? If so, what?

Any History of substance or alcohol abuse? If so, what?

Exercise

How often do you exercise? _____ What kind of exercise do you do? _____

If you exercise very little, what exercise would you like to begin & how often?

What is your relationship with your womb? How do you feel about your womb at present?

Disclaimer and Signature

Please be reminded that all personal information that you share with Lady V Spot is absolutely confidential and you as a woman will always be regarded and serviced with the highest love, regard and respect.

Client Signature _____ Date: _____

RECOMMENDATIONS FOR FOLLOW-UP

Herbs: (Yoni Womb Teas/Herbal Recommendations)

STREAM CARE: (Weekly-intensive treatment) (monthly Lady V Pressure care)

FOLLOW_UP (next appointment/day & time)

NUTRITIONAL ADVISEMENT:

CRYSTAL THERAPY: (Recommended crystal for meditation and to wear on the body)

SELF CARE ADVISEMENT:

Note: This information may not cover all possible claims, uses, actions, precautions, side effects or interactions. It is not intended as a medical advice and should be relied upon as a substitute for consultation with your primary physician who is familiar with your medical situation. On behalf of Lady V Spot, we are honored to serve you and affirm the highest in your experience.

Acknowledgement & Release from Liability

Thank you for contacting and choosing Lady V Spot for your holistic Womb Lady V Spot service. In order to facilitate your services, it is important that you read understand the following conditions.

Lady V Spot and its constituents do not diagnose, treat, cure/claim to cure, or prevent any disease. We are not physicians and therefore do not diagnose disease or prescribe drugs.

As a Lady V Spot practitioner our Holistic Health Service are solely for the purpose of helping the client to attain and maintain optimum health. At all times, your healing is your responsibility. It is our belief that when the proper nourishment mentally, physical, and spiritually, the body has the ability to heal itself. Services provided through Lady V Spot are not to be substituted for a physician's advice. Lady V Spot services are complimentary healing alternatives are supplemental and are completely elective.

You hereby request consent to receiving steaming care and other holistically related healing modality services from Lady V Spot. These services included and are not limited to support of the changing womb, regaining balance, energy healing, crystal therapy, self-care instructions, womb stimulation, fertility enhancement, sexual trauma release , sound therapy, clay detox, aromatherapy, nutrition and lifestyle consultations. You are required to advise your Lady V Spot practitioner of any conditions, including Pregnancy, physical disabilities, (such as back injuries) or past/recent surgeries. Client are also required to notify Practitioner of conditions that are contagious that may prevent you from receiving our services at this time. Client is responsible to inform your practitioner if at any time during your care you experience any pain or discomfort.

You have been advised of the possible benefits of receiving Yoni Steams including but not limited to weight loss, pain management, stress relief, cleansing and detoxing, strengthening and toning of the uterus and the reduction of the severity of certain conditions and dis-ease. Lady V Spot reserves the right to terminate or refuse its services to any person posing a health or safety threat or safety threats or for any inappropriate behaviors.

You are required to pay for all services provided by Lady V Spot prior to your session. You may pay by cash, money order or credit card. You are hereby advised that all records rendered by Lady V Spot concerning your care are kept confidential and will not be released by Lady V Spot or its providers without your written consent, unless required by law.

I hereby acknowledge that I have read this Acknowledgement and Release Liability form and am satisfied and fully understand the nature of the service being provided and freely agree to receive them. I release Lady V Spot and its Practitioners, on behalf of myself from medical claims of malpractice, non-disclosure, or lack of informed consent. I freely assume any and all risks of the services provided presently or hereafter.

In signing below you agree Lady V Spot are holistic health care and Lady V Spot providers and that to the above disclaimer and release Lady V Spot is authorized to work with you to provide you with their complimentary holistic health and Lady V Spot services.

Client Signature _____ **Date** _____

Practitioners Signature _____ **Date** _____