**NATURAL BEING HOLISTIC WELLNESS SPA & CENTER LLC**

**V-STEAM/YONI STEAM CONSENT FORM**

Name:

Address:

Phone:

E-mail:

Emergency Contact Name, Relationship, Phone:

What are your intentions/expectations for receiving this treatment:

**PLEASE DO NOT PARTICIPATE IN THIS TREATMENT:**

-If you are allergic to any plants or herbs including mugworth, motherworth, oregano, yarrow, lemongrass or rosemary

-If you have a gastro-intestinal flu, vomiting or have diarrhea

-On prescription medication, including beta blockers, diuretics or barbiturates, can affect your heart rate or interfere with your body’s natural sweating system. Make sure to check with your doctor about side effects of your medication.

-Heart disease, hypertension, hypotension, hyperthyroidism, hemophilia, diabetes, cancer, Parkinson’s, systemic lupus erythematous, or adrenal suppression and multiple sclerosis.

-Avoid alcohol & recreational drugs before a steam

-If you are pregnant or there is a possibility of pregnancy or nursing

-During or after ovulation if you are trying to conceive

-With any open wounds, sores, blisters or stitches

-If you have a vaginal infection or fever

-Piercings will need to be removed

-If you have an IUD

-Tubal coagulation

-Birth control implant (Nexplanon, Implanon)

-Any type of vaginal procedure in the past 2 months

If you start to feel nausea, headache, dizziness, fainting, burning or rapid heartbeat, leave the heat immediately and notify your service provider.

**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/yoni steam baths may be contraindicated and a referral from your primary care provider may be required prior to service being provided. I understand that if I experience any pain or discomfort during any session, I will immediately inform the service provider so that the temperature may be adjusted to my level of comfort. I further understand the vaginal/yoni steam baths should not be constructed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any physical or mental ailment of which I am aware. I understand that the service provider facilitating the vaginal/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. Because vaginal/yoni 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 honest. I agree to keep the service provider updated as to any changes in my medical profile and understand that there shall be no liability on the service provider part should I forget to do so. I understand that I am having this vaginal/yoni steam bath at my own risk and herby release Natural Being Holistic Wellness Spa & Center LLC from any liability.

Client Name (printed):

Client Signature:

Date: