



INTAKE FORM

Peristeam Faciliator Intake Form

Please note that this intake form does not apply if you are postpartum (0-12 months) or if you experienced a recent pregnancy loss (and the period has not yet returned). For steam plans regarding these situations please seek a consultation with a Peristeam Hydrotherapist.

Client's Information

Full Name: _____

Date of Birth: _____ Age: _____ Preferred Pronouns: _____

Address: _____ City: _____ ZIP Code: _____

E-mail: _____ Phone: _____

Steaming concerns & goals

If there was something you could change or improve about your vaginal health, what would it be?

Reproductive Organs

Which of the following is a reproductive organs you were born with?

Uterus

Penis

Vagina

Scrotum

Vulva

Prostate

Clitoris

None of the above

Other: _____

Genital Alteration

Has your genitalia anatomy altered at all since birth due to voluntary or medical surgery or alterations?

Hard Contraindications

There are times when it is not beneficial for someone to steam. As first step, let's check and make sure that you are safe for a steam session at this time.

Are you currently on your period or experiencing fresh ongoing bleeding?

Yes

Not Sure

No

Have you had any fresh spotting during the past 24 hours?

Yes

Not Sure

No

Have you had spontaneous heavy bleeding within the past 3 months?

Yes

Not Sure

No

Have you had 2 periods per month (i.e. a period every 19 days or less) within the past 3 months?

Yes

Not Sure

No

Pregnancy Contraindications

Are you pregnant?

Yes

Not Sure

No

Is there a possibility you are pregnant?

Yes

Not Sure

No

If you are receiving fertility assistance, are you past ovulation or IUI/ IVF transfer?

Yes

Not Sure

No

Further information:

Soft Contraindications

Have you had tubal coagulation (burning of the fallopian tubes through laparoscopic surgery through the belly button)?

Yes

Not Sure

No

Do you have a birth control arm implant or patch (i.e. Nexplanon)?

Yes

Not Sure

No

Have you had a uterine ablation procedure (where the uterine walls are burned so they scar over)?

Yes

Not Sure

No

Do you have an Essure insert?

Yes

Not Sure

No

Are you within 6 weeks post-surgery?

Yes

Not Sure

No

Have you had a uterine fibroid embolization procedure?

Yes

Not Sure

No

Further information:

Heat Contraindications

Do you have a genital or rectal infection characterized with a burning sensation?

Yes

Not Sure

No

Further information:

Steam Sensitivities

Some people are very responsive to steam and it can cause a physiological response, if you are in this category then it is ok to steam, however your practitioner will adjust your steam session & herbs so that it suits you, Let's see if you have any steam sensitivities.

Uterine Bleeding Sensitivity

Are your menstrual cycles currently or historically ever 27 days or shorter?

Yes

Not Sure

No

Do you have a history of spontaneous bleeding or 2 periods per month(3 months ago or later in the past)?

Yes

Not Sure

No

Further information:

Medical Sensitivities

Do you have an IUD? Yes Not Sure No

Do you have a Nuva Ring in? Yes Not Sure No

Heat Sensitivities

Have you experienced any hot flashes in the past month? Yes Not Sure No

Have you experienced any night sweats in the past month? Yes Not Sure No

Are you currently or historically prone to yeast infections? Yes Not Sure No

Are you currently or historically prone to bacterial vaginosis? Yes Not Sure No

Are you currently or historically prone to urinary tract infections or bladder infections? Yes Not Sure No

Do you have active or dormant herpes? Yes Not Sure No

Age Sensitivity

Are you age 13 or younger? Yes Not Sure No

First Timer

Is this your first time doing a steam session? Yes Not Sure No

Further information: _____

If you don't have periods
what is the reason?

- Hysterectomy
- Pregnancy
- Postpartum
- Post menopause
- Haven't had first period yet
- Birth control
- I'm not sure, they are absent
- I'm a non-menstruator (born without a uterus)
- IUD
- Other

Further information:

Herb Selection

It is best to select herbs suitable to your constitution. As your practitioner, I will use the information provided in this intake form to select a suitable herbal formula tailored to your specific needs.

Indicators for a Hemostatic Herb Formula

Do you ever have
menstrual cycles that are
27 days or less?

- Yes Not Sure No

In the past month did you
have any fresh spotting on
menstrual cycle day 27 or
earlier?

- Yes Not Sure No

Have you had any ongoing
bleeding (bleeding that
lasts 10 days or longer of
fresh blood) in the past 3
months?

- Yes Not Sure No

Do you have a history of spontaneous bleeding or 2 periods per month? Yes Not Sure No

Are you 12 years of age or younger? Yes Not Sure No

Indicators for a Disinfecting Herb Formula

Do you have green vaginal discharge? Yes Not Sure No

Do you have yellow vaginal discharge? Yes Not Sure No

Do you have white vaginal discharge? Yes Not Sure No

Do you have thick vaginal discharge? Yes Not Sure No

Do you have malodorous (bad smelling) vaginal discharge? Yes Not Sure No

Indicators for a Cooling Herb Formula

Do you have Vaginal dryness? Yes Not Sure No

Have you experienced hot flashes recently? Yes Not Sure No

Have you experienced night sweats recently? Yes Not Sure No

Do you have any type of dry genital infection (without discharge)? Yes Not Sure No

Is the weather currently very hot? Yes Not Sure No

Do you have an aversion to heat? Yes Not Sure No

Do you radiate heat? Yes Not Sure No

Indicators for a Cleansing Herb Formula

Are your menstrual cycles 28 days or longer?

Yes

Not Sure

No

Is the menstrual cycle absent or missing because of a known or unknown reason?

Yes

Not Sure

No

Are you a Non-Menstruator (born without a uterus)?

Yes

Not Sure

No

Are you currently taking birth control pills?

Yes

Not Sure

No

Further information:

Do you have any known or suspected plant or food allergies?

Cloaking

When steaming it is often commonplace to wear a cloak to make the entire body sweat and enhance the detoxification during the steam session. A cloak is often a blanket put over the entire body or a thick robe. Cloaking is not recommended if the body already has excess heat. Let's check to see if you have any signs of excess heat.

Mark all excess heat indicators that apply

Do you have hot flashes? Yes Not Sure No

Do you have night sweats? Yes Not Sure No

Do you radiate heat? Yes Not Sure No

Are you prone to genital infections or viruses? Yes Not Sure No

Is it currently hot weather? Yes Not Sure No

Do you have an aversion to heat? Yes Not Sure No

Further information:

Steam Questionnaire

What is your experience with Pelvic Steaming? (Please indicate if you have ever done it before. If you have done it, please describe your experience, period changes, herbs & set up used & any questions or complications.)

Please enter steam experience here:

Please enter steam
experience here: _____

Steaming is very effective at overhauling the reproductive health system when done weekly for three to six months or until all issues resolve. Menstruators will want to do a new intake form with their Peristeam Faciliator after every menstrual cycle to see if the herbs or set up need adjustment, which commonly is the case.

Which of the following would you be interested in?

Monthly Steam intakes

One time Steam intake without continued monthly intakes

Weekly Steaming, as well as steaming before & after the period can be very effective for optimizing health. Dedicating to this steam schedule for 3-6 months can be very effective. It is also useful for menstruators to steam three times before & three times after the period. For advanced steam concerns or issues it may be useful to do an additional, more in-depth consultation with a Peristeam Hydrotherapist to get a specific steam plan for that issue. So that I can create the best steam plan for you, please let me know which of the following you are interested in.

Mark all that apply:

Weekly Steam sessions

3x before & 3x after the period

I would like to do an initial more-in-depth consultation for a specific issue & would be willing to steam daily or whatever steam schedule is recommended.

Where do you plan to Steam?

My own steam set up at home

I'd like a mobile steam practitioner to come to me with their set up

I'd like to go to a location to do a steam

Do you need recommendations/assistance for any of the following?

- Where to purchase a Steam Sauna
- Where to purchase herbs for steaming
- How to create a steam set up at home without purchasing a steam sauna?
- How to find a Peristeam Hydrotherapist for a consultation regarding advanced issues.

More relevant info/questions? _____

Pre-steam Advisories

What you should know before steaming

Vaginal steaming is contraindicated while experiencing the following:

- Pregnancy
- Menstruation
- Fresh Spotting
- Genital burning/itchiness
- Post-surgery
- Recent spontaneous bleeding
- Post-insemination when trying to conceive

Steaming can also potentially compromise the efficacy of the following gynecological interventions.

- ENDOMETRIAL ABLATION -- Steam may clear out the intentional scarrification of the uterine lining.
- TUBAL COAGULATION -- Steam may remove the tubal scar tissue
- ESSURE -- Steam may dislodge the scarrification that holds this device in place.
- DERMAL BIRTH CONTROL PATCHES -- Steam may shed the thickened uterine lining caused by this product.
- UTERINE FIBROID EMBOLIZATION -- Steam may dislodge the gels or coils insterted to block the arteries.

However, some steam users have reported relief by intentionally using steam to allieviate side effects from above procedures.

Times that Vaginal Steaming is OK

Vaginal steaming is allowed in the following situations, but it might require a modified steam set up

While using:

- An intrauterine device (IUD)
- Hormonal birth control
- Depo-Provera contraceptive injection

while experiencing:

- Lichen Sclerosis
- viruses
- bacterial or yeast infections
- interstitial cystitis
- bladder infection
- hypertension (high blood pressure)
- autoimmune disorders
- gynecological disorders
- a retrofitted uterus
- breastfeeding

Medical concerns

When initiating steaming it's best to work with a practitioner who will screen for steam sensitivities and create a safe steam plan individualized to your needs. Steam practitioners are not doctors & cannot advise or consult regarding medical concerns. Steam is warm water that may increase heat, circulation & possibly cause the uterus to naturally open up temporarily (particularly, the cervix and uterine blood vessels). It may be possible that steam could disrupt medical procedures where there is an intentionally thickened uterine lining, intentional scar tissue, or medical device in the reproductive organs that could be interrupted by the heat or circulation of water. If concerned about these or any other situations, please consult a medical doctor.

Please keep in mind that most medical doctors are unfamiliar with vaginal steaming or they know very little about it. Since doctors can be legally responsible if they give a patient advice to try something and the patient is harmed, most doctors will advise against anything they are unfamiliar with, including vaginal steaming. For informed medical advice regarding steaming, it is recommended to consult a steam-friendly doctor.

You & your physician may want to use the following questions to consider the effect steam may have in a medical situation:

- Is introducing heat a problem?
- Is increasing circulation a problem?
- Is it a problem if the cervix or blood vessels naturally open/
- Is there a medical device in place that steam could disrupt?
- Is there intentional scar tissue in place that steam might clear?
- Is there intentional thickened uterus lining that steam might clear

Pharmaceuticals

Steam practitioners are not pharmacists & cannot advise on whether or not someone can steam while taking certain medications. If you are taking medication it is best to consult a pharmacist to see if there may be any interactions with the herbs you steam with.

Ask your pharmacist:

- "Do any of these herbs interact with the medication I take?"
- To avoid unnecessary confusion do not ask your pharmacist, " Can I vaginal steam with these herbs while taking this medication?" --which is beyond their scope of practice.
- Specific medications to be mindful of include blood thinners, diabetic medications & chemotherapy medications, since these medicines tend to have some food & herb interactions.
- If in doubt, it's ok to steam without herbs.

Vaginal Steaming side effects

POSITIVE SIDE EFFECTS OF VAGINAL STEAMING

- better sleep
- decreased swelling in the legs & feet
- decreased abdominal bloating
- slimmer waistline
- arousal & increased libido
- fewer headaches
- increased energy
- lucid dreams
- tingling feet
- increased lubrication
- healthy bowl movement & regularity
- improve urinary release
- reduced back pain
- skin beautification
- shortened period length

Cleansing side effects

Some of the possible signs of the steam cleanse may include:

- urination urge
- brown discharge or fibrous tissue after steaming
- dry cramps
- increased irregular vaginal discharge (white, green, thick, yellow, clumpy)
- expelling black or brown menses
- longer or heavier periods after steaming
- emotional release
- tiredness or fatigue

All of these signs may be a normal part of the cleansing process although not everyone experiences them. These signs go away once the cleanse is complete. Please note these changes & inform your steam practitioner.

Caution signs of Vaginal Steaming

- **RASH** May be an allergic reaction to herbs used. Advise your steam practitioner. Steam without herbs/See allergist.
- **NAUSEA/VOMITING** May be a uterus cleansing side effect, an allergy, or the herbs are too strong. Advise your practitioner. Improve period care & steam without herbs.
- **HEADACHES** May be dehydration, sign of too much circulation or an allergy. Advise practitioner. Hydrate. Reduce steam duration & schedule, steam without herbs.
- **ITCHINESS** May be a reaction to the herbs or may be related to irregular discharge clearing out. Advise your practitioner. Steam herbs may need adjustment. If it is due to irregular discharge clearing out you may use a spray bottle to wash the area to keep the irregular discharge from causing irritation to the skin, you can also use an herbal soak. If it is due to an allergy, you can try steaming without herbs or see an allergist.
- **DIARRHEA** May be a sign that the herbs are too strong. Advise your practitioner. Reduce, eliminate or adjust steam herbs.
- **ONSET OF FRESH SPOTTING** May be a uterine bleeding sensitivity. Advise your practitioner, implement first aid to stop bleeding guidelines if necessary.
- **INTER PERIOD BLEEDING** May be a uterine bleeding contraindication. Advise your practitioner. Implement first aid to stop bleeding.
- **SHORTENED MENSTRUAL CYCLES** May be a uterine bleeding sensitivity. Advise your practitioner. Check herbs and steam plan.
- **STRIPPED SKIN** Usually is a sign that the steam temperature was too hot or the herbs were too concentrated. Reduce both.
- **BUMPS** May be a cleansing side effect. Continue steaming. Local massage recommended. Check with Medical doctor if concerned.
- **PAIN** Pain is not normal during or after a vaginal steam session. If you feel pain, please seek medical attention.
- **HERPES OUTBREAK** Herpes is a virus that is sensitive to heat. When steaming with the herpes virus, it is important to only do a mild 10 minute steam session. In most cases, this will prevent an outbreak. If you still get an outbreak while doing a mild 10 minute session, then steaming may not be suitable for you & instead you may consider doing an herbal soak.

FIRST AID To stop bleeding

There are several situations where uterine bleeding requires first aid to reduce or stop the blood flow. This includes any bleeding that occurs outside of a normal period such as:

- Spontaneous bleeding
- Ovulation "breakthrough" bleeding
- fresh spotting
- Ongoing periods
- two periods per month
- menopausal bleeding

FIRST AID continued

To Stop Bleeding

If a period lasts longer than four days, consisting of fresh, heavy blood flow, efforts should be made to stop the blood flow on the fifth day. Lastly, if someone is bleeding at an expected time (during their period, miscarriage or postpartum) but the bleeding is heavy, the flow still should be slowed down if possible. Heavy or abnormal uterine bleeding may be a sign of uterine fatigue, whereby the uterus and its vessels do not have the energy or strength to close prevent blood from escaping. To stop this kind of bleeding, follow these two steps:

- BEDREST Immediate bedrest for 24-48 hours quickly decreases or stops bleeding by helping to rest the fatigued uterus.
- HERBAL FIRST AIDS Peristeam Hydrotherapists, Acupuncturists & Midwives are all trained in offering herbal first aid to stop heavy bleeding. Please seek out assistance as soon as possible.

EMERGENCY SITUATIONS:

Losing too much blood can be an emergency. The following are mild and severe symptoms to be aware of.

- If mild symptoms occur, have someone help monitor the situation perchance the symptoms progress & emergency care is required.
- If any severe symptoms occur seek emergency care immediately.
- Mild symptoms: Headache, fatigue, nausea, dizziness, profuse sweating.
- Severe symptoms: Rapid, shallow breathing, cold & clammy skin, blue lips or fingernails, pale skin, rapid heart rate, confusion, weakness, weak pulse, lightheadedness, loss of consciousness.

Best Practices

User guide

1. Go to the bathroom directly prior to vaginal steaming.
2. If increased vaginal discharge occurs after steaming, you may want to use panty liners or a spray bottle or bidet to rinse the mucus off the skin to avoid irritation.
3. If you have an emotional release while steaming please ensure you take care of your emotional body in the ways that you receive comfort & consider processing the feelings that surfaced with the guidance of a trusted friend, healer, or professional therapist.
4. Directly after your steam session keep yourself warm & covered up.
5. Use a method to track your menstrual cycle to be aware of post-steam cycle changes & length.
6. Learn proper period care so that your post-steam period will flush out any old residue loosened up during the steam session. For more information please consult your practitioner.

Womb Cleanse Care Guidelines

Since the period is a natural womb cleanse it is common for someone's post-steam period to clear out old menses. As such, proper period care must be observed when someone is steaming. The following womb cleanse care guidelines should be used during the period to assist this process:

1. Prioritize rest for the first four days of your menstrual cycle.
2. Avoid the insertion of period products that plug the vaginal canal, such as tampons
3. Keep the abdomen warm to support good circulation & blood flow to the uterus.
4. Ensure adequate hydration & nutrition to support increased blood production.
5. Avoid body inversions & rigorous exercise while menstruating.
6. Learn proper period care so that your post-steam period will flush out any old residue loosened up during the steam session. For more information, please consult your practitioner.

INFORMED CONSENT, WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK FORM

I have purchased or am receiving steaming services, products, a steam plan or a consultation from Perfect Period, LLC.

I hereby affirm that I am in good physical condition & do not suffer from any known disability or condition which would prevent or limit my participation in, or cause me to have an adverse reaction to vaginal steaming, including but not limited to preterm pregnancy. I affirm that I have reviewed the "Best Practices" and other information provided to me by Perfect Period LLC or its agents. I further affirm that all information provided to Perfect Period LLC by me is accurate & complete & I understand that failing to provide the information may result in a greater risk of injury. I acknowledge that I have approval from my doctor or medical professional to engage in vaginal steaming & use herbal blends, or I yield that requirement & take responsibility for my own medical decision-making.

I understand that results may vary from person to person. I understand that I may react adversely to the vaginal steam session or the herbal blend used, which may result in injury to me. Side effects include but are not limited to, rash, bumps, headaches, itchiness, diarrhea, increased vaginal discharge, cramping or the onset of fresh spotting or inter-period bleeding.

INFORMED CONSENT, WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK FORM

If I elect to continue with vaginal steaming after such results, I will alert Perfect Period LLC to issues so that the products and/or services may be adjusted, or a referral can be made. I expressly agree that all the risk of injury that I undertake as a part of vaginal steaming & use of the herbal blends is undertaken at my sole risk.

I further expressly agree that I will not use the steam chairs, steam pots, or herbal blends improperly. I release Perfect Period LLC, its agents and employees from any claim, demands, injuries, damages, actions, or causes of action, that could occur from my inappropriate use of such equipment/or products. I affirm that I have confirmed on www.steamychick.com that my practitioner has a vaginal steam specialist certification.

I also understand and agree that all information provided before, during, or after the vaginal the vaginal steam session and/or regarding herbal blends is for informational purposes only and is not a replacement for medical advice from a physician or pediatrician. The products and/or services provided therein do not replace the relationship between physician/therapist and a client in a one-on-one treatment session with an individualized treatment plan based on their professional evaluation. The products and/or services and any information are provided "as is" without any representation or warranties, express or implied.

I will not rely on Vaginal steaming and/or herbal blends as an alternative to advice from my medical professional or healthcare provider and I will never delay seeking medical advice, disregard medical advice, or discontinue medical treatment as a result of any information provided before, during, or after the Vaginal steam session & while using the herbal blends. I understand and agree that all medical related information is for information purposes only.

Perfect Period LLC, its agents and employees, shall not be liable to me for any claims, demands, injuries, damages, actions, or causes of action to my person or property arising out of or connected with Vaginal steaming and/or the use of the herbal blends, and the premises where the products and/or services are located. I expressly release Perfect Period LLC, its agents and employees from all such claims, demands, injuries, damages, actions, or causes of action, and from all acts of active or passive negligence on the part of Perfect Period LLC, to the extent such a release of negligence is permissible by law.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during or after the Vaginal Steam session and/or herbal products used. In the event of sickness, accident, or injury, I authorize Perfect Period LLC and its representatives to obtain, on my behalf, emergency medical treatment at my expense.

This agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. This agreement shall be construed and enforced according to the laws that govern the state of Texas and any dispute under this Agreement must be brought to court in New Braunfels, Texas and no other locality.

Consent and Agreement

I understand that vaginal steaming is not a substitute for medical treatment or advice. I have provided accurate information to the best of my knowledge. I consent to the steaming treatment and agree to follow my practitioner's recommendations for aftercare. My signature below acknowledges that I was provided a copy of the pre-steam advisories.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I UNDERSTAND AND AGREE THAT I AM GIVING UP LEGAL RIGHTS BY SIGNING THIS AGREEMENT AND THAT I AM DOING SO VOLUNTARILY, FREELY, UNDER NO THREAT OR DURESS, WITHOUT INDUCEMENT, PROMISE, OR GUARANTEE BEING COMMUNICATED TO ME. THE SIGNATURE BELOW IS PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY TO THE FULL EXTENT OF THE LAW. My printed name and date below represent my signature.

Client's Signature:

Date: