YONI STEAM® INTAKE FORM

(Please Print)

Today's date:	Practitioner:

CLIENT INFORMATION

Last name:	First:	Middle:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid

Is this your legal name? ❑ Yes ❑ No	If not, what is your legal name?	Occupation:	Birth date: / /	Age:	Sex: ❑ M ❑ F

Street address:	Cell no: ( )	Home phone no.: ( )

P.O. Box:	City:	State:	ZIP Code:

Primary reason for seeking services today?

PHYSICAL SYMPTOMS

Endometriosis?	Fibroids?	Infertility?	Meno/Peri-menopause Symptoms?
❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Polycystic Ovaries?	Tilted Uterus?	Prolapsed Uterus?	Yeast Infection?
❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑Yes ❑ No
IUD? (Steaming prohibited)	Pregnant? (Steam prohibited)	Breastfeeding?	High Blood pressure?
❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

List any other health / Womb conditions below	If taking Medication list below

EMOTIONAL SYMPTOMS

Lack of Energy?	Sadness/Grief?	Angry/Annoyed?	Fear?
❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Anxiety?	Excess Stress?	Indecisive / Confused?	Consistent Frustration?
❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

IN CASE OF EMERGENCY

Name of local friend or relative:	Relationship to you:	Home phone no.: ( )	Work phone no.: ( )

The above information is true to the best of my knowledge.

Client Signature *Date*

BELOW FOR OFFICE USE ONLY: