

## Peri-Steam Hydrotherapy Questionnaire

*Holly Leever Wellness*

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**Please note you should NOT steam if any of the following apply:**

- **You're currently menstruating**
- **You're pregnant**
- **You're currently miscarrying**
- **You get hot flashes**
- **You're prone to spontaneous, heavy bleeding**
- **You're trying to conceive and have already ovulated**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **I would like to be added to the mailing list: Y/N**

1. Date of your last period? \_\_\_\_\_
  - a. Color of the blood \_\_\_\_\_
  - b. Any clotting? \_\_\_\_\_ if yes, what color? \_\_\_\_\_
  - c. Number of days bleeding \_\_\_\_\_
2. Any PMS Symptoms? \_\_\_\_\_
3. Length of time between cycles \_\_\_\_\_
  - a. Do you ever have more than one bleed/month? Y/N
4. Have you had a hysterectomy, if yes skip to question 6? Y/N
5. Are you post-menopausal, if yes skip to question 6? Y/N
6. Are you on birth control? \_\_\_\_ If yes, what type? \_\_\_\_\_
7. Do you experience night sweats? Y/N
8. Do you have cysts, fibroids, endometriosis? Y/N If yes, which one? \_\_\_\_\_
9. Have you had a yeast infection, UTI, STD break out or bacterial vaginosis in the past 3 months?  
Y/N
  - a. Do you frequently get any infections? \_\_\_\_\_
10. Do you have vaginal discharge that is yellow, green or blood-tinged? Y/N
11. Do you experience pain with intercourse? \_\_\_\_\_
  - a. Does your vagina feel dry? Y/N
12. Do you have nightsweats? Y/N
13. Have you had infections in the past 3 months? Y/N

**Peri-Steam Hydrotherapy Consent Form**

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By signing below I, \_\_\_\_\_, am agreeing to participate in a vaginal steam session facilitated by Holly Leever, L.Ac. I agree that the following do **NOT** apply to me currently:

- **You're currently menstruating**
- **You're pregnant**
- **You're currently miscarrying**
- **You get hot flashes (if it's been over a year since you last had them steaming is ok)**
- **You're prone to spontaneous, heavy bleeding**
- **You're trying to conceive and you have already ovulated**

I have been informed of the *benefits* of steaming, which include:

Alleviation of painful or irregular menstruation, vaginal infections, fibroids, cysts, scar tissue, endometriosis, pain during or after sex, low libido, fertility issues, vaginal prolapse, recovery after childbirth or miscarriage and for general hygiene

I am aware that there are potential *side effects* of steaming, which include:

Allergic reactions to the herbs, burns (make sure the water isn't too hot before taking a seat), nausea and lightheadedness.

I **DO NOT** have any plant allergies, or if I do I have discussed these with Holly Leever, L.Ac. prior to my steam session.

Patient Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_