

Postpartum Peri-Steam Hydrotherapy Questionnaire

Holly Leever Wellness

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Name: _____ Age: _____

Email Address: _____ I would like to be added to the mailing list: Y/N

1. Number of days postpartum: _____
2. Is the bleeding heavy (more than 1 pad/hour): Y/N
3. What color is the lochia: _____
4. Do you currently experience any of the following (please circle):

Contractions

Hemorrhoids

Swollen skin

Prolapse

Infections

Bladder incontinence

Constipation

Water Retention

Stiches

Other, please describe: _____

5. Have you experienced any of the following, please circle?
Yeast infections
Bacterial infections
UTIs
Herpes
Short menstrual cycles (less than 28 days, 12 mo prior to pregnancy)
Menarche (first period) at younger than 13

Postpartum 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. ***It is to be expected that the lochia will be discharged during the steam, if there is heavy bleeding during or after the steam, please contact me and I will provide you with an internal herbal formula that will stop the bleeding.***

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: _____