



Patient Information – V Steam

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How did you find us? \_\_\_\_\_

**V steam should be avoided:**

- If you are pregnant or there is a possibility of pregnancy
- During or after ovulation if you are trying to conceive
- During menstruation
- With any open wounds, sores, blisters, or stitches
- If you have a vaginal infection or fever
- Piercings will need to be removed

Are you currently under the doctor’s care? Yes/No If so, why? \_\_\_\_\_

Do you take any medication? If yes, which ones? \_\_\_\_\_

Any other medical conditions that we should be aware of? Yes/No If so, please specify: \_\_\_\_\_

In case of an emergency, whom should we call? Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Name: \_\_\_\_\_

**Caution:**

If you have an IUD, V Steam help release matter from the uterus. To date, there are no incidents of IUD's being released with vaginal steam baths. They are on the caution list but no longer contraindicated.

I understand that if I experience any pain or discomfort during any session, I will immediately inform the practitioner so that the temperature may be adjusted to my level of comfort. I further understand that v steam should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, or other qualified medical specialist for any physical ailment of which I am aware. I understand that the practitioner facilitating the v steam is not qualified to diagnose, prescribe, and/or treat any physical illness, and that nothing said during any session given should be construed as such. Because v steam should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions accurately, completely, and honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I forget to do so. I am aware and I understand there is a possibility that my IUD can come out due to a V Steam. This has been explained to me and I am going ahead with the V Steam at my own risk. I understand that I am having this v steam at my own risk and hereby release Alora Health Spa from any liability.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
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