Valdeniece Health & Beauty

INTAKE FORM

(All Information is Confidential)

****Please be aware that you CANNOT Yoni Steam if you have an IUD or are pregnant. ****

NAME___________________________________AGE_________DOB______________HEIGHT_____WEIGHT_________

ADDRESS____

TELEPHONE____

EMAIL ADDRESS____

EMERGENCY CONTACT INFO: ____

MARITAL STATUS if any _________________________ How many TIMES? _________________________

ARE YOU A MOTHER (How many?) ________________ GRANDMOTHER (How many?) _________________________

What is your primary reason for seeking womb care services today?

____

PLEASE CHECK ALL CONDITIONS & SYMPTOMS OF YOUR WOMB:

____Endometriosis ____Menopause ____Infertility ____PMS _____PID _____Herpes (please inform practitioner)

_____Polycystic Ovaries _____Prolapsed Uterus _____Fibroids ____STI ___ UTI ___Pain ___STD

_____Hysterectomy

BIRTHING HISTORY:

Currently Breastfeeding ________ Pregnant________ Number of Pregnancies: __________ Live births: __________

C-Sections: _______ Ectopic Pregnancy/number: ___________ Still births: ___________ Miscarriages_______

Abortion/s number: ____________

MENSTRUAL HISTORY:

Do you have a menstrual cycle? _____________________ Length of Cycle _________________ Irregular Cycle___________

Cramping? (Mild, moderate or severe) _____________________ Heavy Bleeding? _______________ Clotting? ___________

Headaches? _______________ Which brand of sanitary pads or tampon do you use? ____________________________________

BIRTH CONTROL HISTORY:

What forms of birth control have you taken? ____

Are you currently on birth control? __________ If so, what? ________________________ How long? _______________

RELATIONSHIP HISTORY: Are you currently in a relationship? ________ If do, how long? ______

Is there any abuse (physical, emotional, mental, financial) _______________ Are you happy? ________

SEXUAL HISTORY:

Number of Sexual Partner/s________ Sexually Active__________ Last Date of Sexual Activity_________

Rape: _________ Molestation: _________ Domestic Violence: _______

How do you feel about sex? ____

Do you enjoy it? ________ Is it painful? _______ Have you experienced orgasm? _______ How often? _________

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PLEASE CHECK ANY MENTAL DISCOMFORT YOU ARE EXPERIENCING:

__Anxiety __Excess Stress __Headache __Consistently Frustrated/Annoyed __Insomnia

__Depressed __Anger __Grief/Sadness __Compulsive __Hyperactive __Hypertension

__Confused __Unfocused __Indecisive __Lack of Energy __Memory Trouble __High Blood Pressure

NUTRITION:

What is a normal breakfast for you, please explain?

____

What is a normal lunch for you, please explain?

:____

What is a normal dinner for you, please explain?

:____

What is your dietary goal? Are there patterns or aspects of your current diet that you would like to change?

____

Any allergies to foods, medications, herbs or herbal aromas?

____

Are you currently taking any medications? If so, what? ____

Any history of substance or alcohol abuse? If so, what? ____

EMPLOYMENT

Employed as or work from home: ___________________________ Hours: __________________

Days off: ___________________________________

What do you enjoy about what you do?

____

____

HOBBIES

What are your hobbies & creative interests?

____

EXERCISE

How often do you exercise? ___________________________________ What kind/s of exercise do you do?

____

If you exercise very little, what exercises would you like to begin doing & how often?

____

What goals would you like to establish from your Yoni Steaming experience?

____

What is your relationship with your womb? How do you feel about your womb at present?

____

Please note that all personal information that you share with Valdeniece Health & Beauty is confidential and will be regarded as personal secure information, and is viewed with the highest love, regard and respect.

Client Signature _____________________________________ Date _________________________

Acknowledgement & Release from Liability

Thank you for contacting and choosing Valdeniece Health & Beauty for your holistic Womb Wellness services. To facilitate your services, it is important that you read and understand the following conditions:

Valdeniece Health & Beauty and its constituents do not diagnose, treat, cure, claim to cure, or prevent any disease. We are NOT physicians and therefore do not diagnose or treat disease, or prescribe drugs.

As a Valdeniece Health & Beauty Practitioner and Holistic Health Care Provider, our Holistic Health Services are solely for the purpose of helping the client to attain and maintain optimum health. At all times your healing is your responsibility. It is our belief that when given the proper nutrition, and nourishment mentally, physically and spiritually, the body can heal itself. Services provided through Valdeniece Health & Beauty are not to be substituted for a physician's advice. Valdeniece Health & Beauty services are complimentary holistic healing alternatives are supplemental, and are completely elective.

You hereby request consent to receiving steaming care and other holistically related healing modality services from Valdeniece Health & Beauty. These services include and are not limited to support of the changing womb, regaining balance, energy healing, crystal therapy, self-care instructions, womb stimulation, fertility enhancement, sexual trauma release, sound therapy, clay detox, aromatherapy, nutrition and lifestyle consultations. You are required to advise your Valdeniece Health & Beauty Practitioner of any conditions, including Pregnancy, physical disabilities, (such as back injuries) or past/recent surgeries. Clients are also required to notify Practitioner of conditions that are contagious that may prevent you from receiving our services now. Client is responsible to inform your Practitioner if at any time during your care you experience any pain or discomfort.

You have been advised of the possible benefits of receiving Yoni (Vaginal) Steams including but not limited to weight loss, pain management, stress relief, cleansing and detoxing, strengthening and toning of the uterus and the reduction of the severity of certain conditions and dis-ease. Valdeniece Health & Beauty reserves the right to terminate or refuse its services to any person posing a health risk, and/or safety threat and/or for any inappropriate behaviors.

You are required to pay for all services provided by Valdeniece Health & Beauty prior to your session. You may pay by cash, money order or credit card. You are hereby advised that all records rendered by Valdeniece Health & Beauty concerning your care are kept confidential and will not be released by Valdeniece Health & Beauty or its providers without your written consent, unless otherwise required by law.

I hereby acknowledge that I have read this Acknowledgement and Release from Liability form and fully understand the nature of the services being provided and freely agree to receive service. I release Valdeniece Health & Beauty and its Practitioners, on behalf of myself from medical claims of malpractice, non-disclosure, or lack of informed consent. I freely assume all risks of the services provided presently or hereafter.

In signing below you agree Valdeniece Health & Beauty are holistic health care and wellness providers and to the above disclaimer release any liability and give permission and authorize Valdeniece Health & Beauty is to work with you to provide you with their complimentary holistic health and wellness services.

Client Signature____ **Date** ________________________________

Practitioners Signature ____ **Date** __________________________________

(404) 518-1495

RECOMMENDATIONS FOR FOLLOW-UP

HERBS: (Yoni Womb Teas/Herbal Recommendations)

____

STEAM CARE: (Weekly-intensive treatment) (monthly wellness care)

____

FOLLOW-UP (next appointment/day & time)

____

NUTRITIONAL ADVISEMENT:

____

CRYSTAL THERAPY: (Recommended crystal for meditation and to wear on the body)

____

SELF CARE ADVISEMENT:

____

____

Note: This information may not cover all possible claims, uses, actions, precautions, side effects or interactions. It is not intended as medical advice, and should not be relied upon as a substitute for consultation with your primary physician who is familiar with your medical situation. On behalf of Valdeniece Health & Beauty we are honored to serve you and affirm the highest in your experience.