Client Intake & Consent

External Herbal Steam Wellness Session
Client Intake, Safety Screening & Informed Consent

Date: _____ **Client name:** _____

Date of birth: _____ **Phone:** _____

Email: _____ **Emergency contact/name & phone:** _____

1. Purpose and scope

This session is an optional wellness service involving warm steam and, if selected, aromatic herbs applied **externally** to the vulvar/pelvic area while the client remains clothed or draped as appropriate.

• This service is **not medical care**, gynecological care, diagnosis, treatment, or a substitute for care from a licensed medical professional.

• The practitioner does not diagnose, treat, cure, prevent, or make claims to resolve menstrual, hormonal, fertility, pelvic, vaginal, urinary, infectious, or other medical conditions.

• I should seek care from a qualified medical professional for pelvic pain, unusual bleeding, itching, burning, discharge, odor, urinary symptoms, fever, suspected infection, pregnancy-related concerns, or other health concerns.

• I may stop or decline the service at any time, for any reason.

Client initials: _____

2. Safety screening

Please check "Yes" or "No" for each item. A "Yes" may require postponing the service and/or written clearance from an appropriate licensed clinician.

Health and safety question	Yes	No	Details / date / notes
Are you currently pregnant, possibly pregnant, or trying to become pregnant?	☐	☐	_____
Have you given birth, had a miscarriage, abortion, C-section, pelvic surgery, or another gynecological procedure recently?	☐	☐	_____
Are you currently menstruating or experiencing heavy, irregular, or unexplained bleeding?	☐	☐	_____
Do you currently have pelvic, vulvar, vaginal, or lower-abdominal pain?	☐	☐	_____
Do you have current itching, burning, irritation, sores, rash, swelling, unusual discharge, odor, or suspected yeast/BV/STI/UTI symptoms?	☐	☐	_____
Have you been diagnosed with a current vaginal, urinary, pelvic, or sexually transmitted infection?	☐	☐	_____
Do you have genital wounds, cuts, tears, burns, stitches, open skin, or a healing incision?	☐	☐	_____
Have you had an allergic reaction or skin sensitivity to herbs, essential oils, fragrances, smoke, heat, or topical products?	☐	☐	_____
Do you have diabetes, reduced sensation/neuropathy, circulation problems, a skin condition, fainting history, seizure disorder, heart condition, or other condition that may affect heat tolerance?	☐	☐	_____
Are you taking medications that affect bleeding, sensation, blood pressure, immune function, or heat tolerance?	☐	☐	_____
Have you been advised by a clinician to avoid heat therapy, baths, saunas, hot tubs, or herbal products?	☐	☐	_____
Is there any other health information you believe the practitioner should know before a heat-based wellness service?	☐	☐	_____

If "Yes" to any item, please explain:

_____

_____

3. Client goals

What brings you in for this wellness session? Check any that apply.

☐ Relaxation ☐ Quiet personal-care time ☐ Stress relief ☐ Ritual/ceremonial experience

☐ Warmth and comfort ☐ Curiosity/education ☐ Other: _____

Important: The client's stated goal does not constitute a medical indication or guarantee of a health outcome.

4. Herb and scent preferences

Do you want an unscented, water-only session if available?

☐ Yes ☐ No ☐ Not applicable

Herbs proposed for today's session:

☐ None / water only ☐ Chamomile ☐ Calendula
☐ Rose ☐ Lavender ☐ Other: _____

Known allergies or sensitivities:

_____

I understand that natural or herbal products can still cause irritation or allergic reactions.

Client initials: _____

Informed Consent

5. Risks and client responsibilities

I understand that an external herbal steam session may involve risks, including but not limited to:

• Discomfort from warmth or humidity.

• Skin irritation, redness, itching, allergic reaction, or sensitivity to herbs or fragrances.

• Burns or scalding if steam or equipment is too hot.

• Possible disruption of the vulvar/vaginal environment or increased risk of irritation or infection.

• Dizziness, overheating, nausea, or fainting.

Medical sources note that vaginal steaming has no proven health benefits and may cause burns, irritation, or disruption of normal vaginal bacteria and pH. A published case report documented second-degree burns associated with vaginal steaming.[1][2]

I agree to:

• Tell the practitioner immediately if I feel heat, burning, stinging, pain, dizziness, nausea, discomfort, or any other concern.

• Change position, request a break, ask for lower heat, or end the session immediately if I choose.

• Follow pre- and post-session instructions.

• Seek medical advice promptly if I experience persistent pain, burn symptoms, bleeding, fever, urinary symptoms, unusual discharge, rash, swelling, or other concerning symptoms after the session.

Client initials: _____

6. Session boundaries

• This is an **external wellness service only**.

• No herbs, oils, tools, products, or substances will be inserted into my vagina.

• The practitioner will maintain professional draping, privacy, and clear verbal consent for any adjustments to equipment or positioning.

• I may request that a session be stopped at any time.

• The practitioner may decline, modify, or stop a session if they believe it is not appropriate or safe to continue.

Client initials: _____

7. Consent and acknowledgment

By signing below, I confirm that:

1. The information I provided is accurate and complete to the best of my knowledge.

2. I have disclosed relevant health conditions, allergies, sensitivities, and medications.

3. I understand the purpose, limits, possible risks, and voluntary nature of this service.

4. I understand that no medical outcome has been promised or guaranteed.

5. I voluntarily choose to receive today's external herbal steam wellness session.

6. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.

Client signature: _____ **Date:** _____

Practitioner signature: _____ **Date:** _____

8. Practitioner Use Only

☐ Screening reviewed **Service provided:** ☐ Yes ☐ No—reason: _____

☐ Steam setup checked before client use ☐ Temperature/comfort check completed

Herbs/products used: _____

Session start time: _____ Session end time: _____

Client reported comfort throughout session:

☐ Yes ☐ No

Modifications, observations, or adverse responses:

_____

_____

Practitioner initials: _____

References: [1] Cleveland Clinic, “Vaginal Steaming: What Is It and Does It Work?” [2] Case report literature documenting burns associated with vaginal steaming.