RICA OH MY

# Client Intake Forms & Waivers Guide

Professional templates and guidance for creating the essential client documents every yoni wellness business needs. Protect yourself legally, gather important health information, and set clear expectations from the very first interaction.

SECTION 01

## Why These Documents Matter

Client forms are not just paperwork. They protect you legally, help you provide safe and personalized care, and establish your business as professional and trustworthy. Every client should complete these forms before their first session.

### Essential Documents for Your Practice

- **Client Intake Form:** Collects personal information, health history, and session goals
- **Informed Consent / Liability Waiver:** Outlines risks, confirms understanding, and protects you legally
- **Contraindications Checklist:** Identifies clients who should NOT steam (safety screening)
- **Cancellation & No-Show Policy:** Sets clear expectations about scheduling and fees
- **Aftercare Instructions:** Guides clients on what to do (and avoid) after their session
- **Photo / Testimonial Release (optional):** Permission to use their feedback or images in marketing

HOW TO USE THESE TEMPLATES

Customize each form with your business name, logo, and specific services. These templates provide the structure and language; adjust them to match your brand voice and local requirements. We strongly

recommend having a legal professional review your final waiver before use.

DIGITAL VS. PAPER

You can use these forms in print (have clients fill out in your space) or digitize them using platforms like Google Forms, JotForm, HoneyBook, or your booking system's built-in forms. Digital forms are easier to store, search, and keep organized as your client list grows.

SECTION 02

## Client Intake Form Template

This form collects the essential information you need to provide a safe, personalized yoni steam session. Clients should complete this before their first appointment.

### Client Intake Form

[Your Business Name] | Yoni Wellness Services

#### Personal Information

FULL NAME

DATE OF BIRTH

EMAIL ADDRESS

PHONE NUMBER

ADDRESS (CITY, STATE)

EMERGENCY CONTACT (NAME & PHONE)

HOW DID YOU HEAR ABOUT US?

#### Health & Wellness History

ARE YOU CURRENTLY PREGNANT OR TRYING TO CONCEIVE?

- ○ Yes
- ○ No

ARE YOU CURRENTLY MENSTRUATING OR DO YOU HAVE AN IUD?

- ○ Currently menstruating
- ○ IUD (copper or hormonal)

- [ ] Neither

DO YOU HAVE ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

- [ ] Active infections (yeast, bacterial, UTI)
- [ ] Open wounds or sores in the vaginal area
- [ ] Cervical or uterine cancer (current)
- [ ] Recent surgery (within 6 weeks)
- [ ] High blood pressure or heart condition
- [ ] Herpes outbreak (active)
- [ ] Fever or acute illness
- [ ] None of the above

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? IF YES, PLEASE LIST:

DO YOU HAVE ANY KNOWN ALLERGIES (ESPECIALLY TO HERBS OR PLANTS)?

ANY ADDITIONAL HEALTH CONDITIONS WE SHOULD BE AWARE OF?

## Wellness Goals

WHAT BRINGS YOU TO YONI STEAMING TODAY? (CHECK ALL THAT APPLY)

- [ ] General wellness and self-care

- [ ] Menstrual cycle support (cramps, irregularity, flow)
- [ ] Postpartum recovery
- [ ] Fertility support
- [ ] Emotional healing or release
- [ ] Relaxation and stress relief
- [ ] Vaginal dryness or discomfort
- [ ] Connecting with my body
- [ ] Other: _____

HAVE YOU EXPERIENCED YONI STEAMING BEFORE?

- ( ) Yes
- ( ) No, this is my first time

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW?

CLIENT SIGNATURE

DATE

SECTION 03

# Informed Consent & Liability Waiver Template

This is the most important legal document in your practice. It confirms the client understands what yoni steaming is, acknowledges the risks, and releases you from liability. Every client must sign this before receiving services.

## Informed Consent & Liability Waiver

[Your Business Name] | Yoni Wellness Services

Please read the following carefully before signing. By signing this document, you acknowledge that you have been informed about the nature of yoni steaming services, understand the potential risks, and voluntarily consent to receiving treatment.

### Understanding of Services

Yoni steaming (also known as vaginal steaming or V-steam) is an ancient wellness practice that involves sitting over a gentle herbal steam. It is intended to promote relaxation, circulation, and overall well-being. Yoni steaming is a wellness service and is NOT a medical treatment. It does not diagnose, treat, cure, or prevent any disease or medical condition.

☐ I understand that yoni steaming is a wellness practice and not a medical treatment.

### Acknowledgment of Risks

While yoni steaming is generally considered safe for most women, I understand that potential risks may include:

1. Burns or discomfort from steam temperature
2. Allergic reactions to herbs used in the steam blend
3. Changes in menstrual cycle timing or flow
4. Lightheadedness or dizziness from heat
5. Emotional release or unexpected emotional responses

☐ I acknowledge the potential risks listed above and accept them voluntarily.

## Contraindications

I confirm that I am NOT currently experiencing any of the following contraindications:

1. Pregnancy or suspected pregnancy
2. Active menstruation (currently on my period)
3. Active vaginal infection (yeast, BV, UTI) or open sores
4. Cervical, uterine, or ovarian cancer (active treatment)
5. IUD placement within the last 6 weeks
6. Recent vaginal or abdominal surgery (within 6 weeks)
7. Unexplained vaginal bleeding
8. Fever or acute illness

☐ I confirm that none of the above contraindications apply to me at this time.

## Health Disclosure

I have disclosed all relevant health information on my Client Intake Form. I understand that it is my responsibility to inform my practitioner of any changes to my health status before each session. I understand that withholding health information may put my safety at risk.

☐ I have provided complete and truthful health information.

## Release of Liability

I, the undersigned, hereby release [Your Business Name], its owner(s), practitioners, and staff from any and all liability, claims, demands, or causes of action that may arise from my participation in yoni steaming services. I voluntarily assume all risks associated with this service.

I understand that I may discontinue my session at any time if I experience discomfort, and I agree to inform my practitioner immediately if I feel unwell during or after the treatment.

This waiver shall remain in effect for all future sessions unless revoked in writing by the client.

☐ I have read and understand the full Release of Liability above.

## Consent

By signing below, I confirm that I have read, understand, and agree to all terms stated in this document. I consent to receive yoni steaming services from [Your Business Name] and acknowledge that I am doing so voluntarily.

CLIENT FULL NAME (PRINTED) _____

DATE OF BIRTH _____

CLIENT SIGNATURE _____

DATE _____

PRACTITIONER SIGNATURE _____

DATE _____

LEGAL DISCLAIMER

This template is provided for educational purposes as a starting point. Laws vary by state and city. We strongly recommend having a local attorney review your final waiver to ensure it meets your jurisdiction's legal requirements.

SECTION 04

# Cancellation & No-Show Policy Template

A clear cancellation policy protects your time and income. Share this with clients at booking and display it in your space. Be firm but fair.

## Scheduling & Cancellation Policy

[Your Business Name] | Yoni Wellness Services

We value your time and ours. To provide the best experience for all clients, we ask that you honor the following scheduling policies:

### Appointments

1. All appointments must be booked in advance through our online scheduling system or by contacting us directly.
2. Please arrive 10-15 minutes before your scheduled session to complete any paperwork and settle into the space.
3. Late arrivals will result in a shortened session. Your session will end at the originally scheduled time to respect the next client's booking.

### Cancellations

1. **24+ hours notice:** Cancellations made 24 or more hours before your appointment may be rescheduled at no charge.
2. **Less than 24 hours notice:** Cancellations made within 24 hours of your appointment will be charged a late cancellation fee of [50% of service price / $___].
3. **No-shows:** Failure to arrive for your scheduled appointment without notice will be charged the full service price.

### Exceptions

We understand that emergencies happen. If you are experiencing a medical emergency, sudden illness, or truly unavoidable circumstance, please contact us as soon as possible. We will work with you on a case-by-case basis with kindness and understanding.

## Acknowledgment

By signing below, I acknowledge that I have read and agree to the scheduling and cancellation policies outlined above.

CLIENT SIGNATURE

DATE

SECTION 05

# Aftercare Instructions Template

Send clients home with clear guidance on how to care for themselves after their yoni steam session. This can be a printed card, a digital PDF, or included in a follow-up email.

## Post-Session Aftercare

[Your Business Name] | Yoni Wellness Services

*Thank you for honoring yourself with this sacred self-care practice.* 🌿

Your body may continue to process and release after your session. Here are some guidelines to support you in the hours and days following your yoni steam:

### Recommended After Your Session

- **Hydrate:** Drink plenty of water and herbal tea for the rest of the day
- **Rest:** Allow yourself a calm, peaceful evening if possible. Your body is processing
- **Eat nourishing food:** Choose warm, light meals. Soups, fruits, and whole foods are ideal
- **Wear loose clothing:** Cotton underwear or no underwear. Let your body breathe
- **Journal:** Notice any emotions, sensations, or thoughts that arise. Honor them without judgment
- **Take a warm bath (optional):** Epsom salt or herbal baths complement the steaming experience

### Please Avoid for 24 Hours

- Sexual intercourse or insertion of any kind
- Swimming in pools, lakes, or hot tubs
- Strenuous exercise or heavy lifting
- Cold food and drinks (ice water, smoothies, raw foods)
- Tight clothing or synthetic underwear

## What to Expect

Every woman's experience is unique. In the days following your session, you may notice:

- Changes in vaginal discharge (your body releasing naturally)
- Shift in your next menstrual cycle (timing, flow, or color)
- Emotional release (tears, joy, clarity, or a feeling of lightness)
- Deeper sleep or vivid dreams
- Increased energy or a feeling of calm and balance

## When to Contact Us

Please reach out if you experience any unusual discomfort, prolonged irritation, or have any questions about your post-session experience. We are here to support you.

**Contact:** [Your Phone / Email]

SECTION 06

# Photo & Testimonial Release Template

If you plan to use client photos, videos, or testimonials in your marketing (social media, website, promotional materials), you need written permission. This form keeps it professional and legal.

## Photo & Testimonial Release

[Your Business Name] | Yoni Wellness Services

I, the undersigned, grant [Your Business Name] permission to use my photograph, video, likeness, testimonial, and/or written feedback for the following purposes:

- [ ] Social media posts and stories
- [ ] Website content (testimonials page, case studies)
- [ ] Printed marketing materials (flyers, brochures)
- [ ] Email marketing and newsletters
- [ ] All of the above

I understand that:

1. My participation is voluntary and I will not receive financial compensation for the use of my likeness or words.
2. I may request to have my content removed at any time by contacting [Your Business Name] in writing.
3. My full name will only be used with my explicit permission. I may choose to be identified by first name only or remain anonymous.

HOW WOULD YOU LIKE TO BE IDENTIFIED?

- ( ) First name only (e.g., "Sarah")
- ( ) First name + last initial (e.g., "Sarah T.")
- ( ) Full name
- ( ) Anonymous

CLIENT SIGNATURE

DATE

PRINTED NAME

EMAIL

SECTION 07

# Implementation Guide

Now that you have your templates, here is how to set them up in your business for a smooth, professional client experience.

## Setting Up Your System

- **Digitize your forms:** Use Google Forms, JotForm, HoneyBook, or your booking platform to create online versions clients can complete before arrival
- **Send forms in advance:** Email the intake form and waiver 24-48 hours before their appointment with a note: "Please complete before your visit"
- **Keep paper copies available:** Always have printed versions on hand for walk-ins or clients who prefer paper
- **Store securely:** Client health information must be kept confidential. Use a locked file cabinet or password-protected digital folder
- **Update annually:** Review and update your forms and waiver language at least once per year

## Client Flow with Forms

| When | What to Send / Collect |
|---|---|
| At booking | Confirmation email with link to intake form + waiver |
| 24 hrs before | Reminder email: "Don't forget to complete your forms" |
| On arrival | Verify forms are complete; collect signature if needed |
| After session | Provide aftercare instructions (print or email) |
| 24-48 hrs later | Follow-up email: "How are you feeling?" + feedback request |
| If rebooking | Confirm no health changes since last visit (quick verbal check) |

PROFESSIONAL TOUCH

Brand your forms with your logo, brand colors, and business name. Even a simple Google Form can be styled to feel on-brand. When clients see cohesive, professional documents, they trust your practice more deeply.

These templates are provided as part of the Rica Oh My Yoni Wellness Business Launch Program for educational purposes only. They do not constitute legal advice. Laws regarding waivers, health information storage, and service liability vary by state. We strongly recommend consulting a licensed attorney in your area to review and finalize your business documents before use.

Rica Oh My

ricaohmy.com

*"Your vision deserves a plan, and your purpose deserves a platform."* 🌿