



womb.love Treatment Consultation Form

Thank you for booking in for a treatment with womb.love.

Instructions to complete this form:

- 1) To complete on Google Docs: Click 'File' then 'Make a copy' of this document. Send back as an attachment.
- 2) To complete on PDF or Microsoft Word: Click 'File' then 'Download'.
- 3) To complete by hand - Click 'File' then 'Print' and then scan or take a **photo** of the form once filled in.
- 4) Email to raya@womb.love

Please send back at your earliest convenience, at least 72 hours before your scheduled appointment.

<u>Personal Information</u>	
Name:	
Address:	
Email Address:	
Contact number:	
Date of Birth & Age	

If still cycling, day of cycle on treatment date / or rough estimate of last period)	
If not currently cycling, tick here:	

<u>Treatment Selection</u>	
Yoni Steam Ceremony Initiation	
Womb &/or Fertility Massage	
Mama Love (Closing the Bones)	
Womb Love & Healing	

<u>Preliminary Screening (for yoni steam)</u>	
Do you have an IUD fitted?	
Are you trying to conceive /is there a chance you could be pregnant?	
Will you be on your period at the time of the treatment or likely to be spotting?	
Do you have any open/recent scar tissue in the perineum area?	

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Are you under any fertility/IVF treatment?	
Have you given birth in the past 3 months?	
Have you had spontaneous bleeding in the last 3 months?	
Have you had 2 periods per month in the last 3 months?	
Do you have an infection characterised by a burning itch?	
Have you had tubal coagulation surgery?	
Do you have an arm implant birth control, or a Nuva ring?	

If the answer is yes to any of the above, send me a message and I will give you a call to discuss your suitability for the steam / things you'll need to consider before steaming.

The following questions below signify sensitivities - knowing what they are will help me to create the best blend for you.

Further Screening (for yoni steam)	
Is this your first time yoni steaming?	
Are your menstrual cycles ever shorter than 27 days?	
Do you experience hot flashes?/Over the past month?	
Are you currently taking birth control pills?	

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Is your menstrual cycle absent or missing for an unknown reason or because of birth control?	
Do you regularly have fresh spotting between periods?	
Do you have an aversion to heat?	
Are you currently or historically prone to yeast infections?	
Are you currently or historically prone to bacterial vaginosis?	
Would you describe your vaginal discharge as Green / Yellow / White / Thick / Malodorous / Regular?	
Do you have herpes?	
Do you have a history of spontaneous bleeding or 2 periods per month (in the last 3 months or before)	
Do you have vaginal dryness or any type of dry infection?	
Do you have an aversion to or radiate heat?	

All treatments

<u>Womb Health and History</u>	
What is your primary concern?	

Are you currently experiencing any female health issues?	
If yes, when did it first occur?	
Describe any stress occurring at the time of onset:	
Is this condition interfering with Sleep? Work? Relationships? How so?	

<u>Menstrual and Fertility Conditions</u>	
Age of menarche (first period) & experience	
Painful Periods	
Painful Ovulation	
Irregular Periods	
Excessive Bleeding (>1pad/tampon per/hr)	
PCOS (Polycystic Ovarian Syndrome)	
PCO (Polycystic ovaries)	
Fibroids	
Endometriosis	
POF (Premature Ovarian Failure)	
Failure to Ovulate	
Low AMH	

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Miscarriage (once)	
Recurrent Miscarriage	
Prolapse	
Anything not listed above?	

Symptoms experienced prior to and during menstruation	
Lower back ache	
Headaches	
Dizziness	
Change in bowels i.e. Constipation/Diarrhoea	
Painful/numbness in left leg	
Painful/numbness in right leg	
Dark thick blood at the beginning of menstruation	
Dark thick blood at the end of menstruation	
Blood clots	
Cramps left side	
Cramps right side	
Cramps central lower abdomen	
Heaviness or pressure in lower pelvis	
Dragging sensation	
Increased Urination	

<u>Symptoms currently experiencing</u>	
Varicose veins left leg	
Varicose veins right leg	
Bladder infections	
Bladder weakness	
Frequent urination	
Difficulty experiencing pleasure/orgasms	
Cold hands or feet	
Anxiety/Depression	
Trouble with sleep onset	
Trouble with sleep maintenance	
<u>Digestive Complaints</u>	
Constipation	
Diarrhoea	
IBS	
Abdominal pain left side	
Abdominal pain right side	

<u>Pregnancy History</u>	
How many pregnancies have you had?	

Number of deliveries?	
Dates of each birth:	
Method of delivery (please circle and add any details if necessary) Natural / Water birth / Epidural / Pethidine / Forceps / Ventouse / C-section / Termination / Miscarriage / Ectopic	
If you have given birth what was your experience of: Pregnancy Labour and delivery Post Partum	
What are your feelings towards giving birth?	

<u>Medical History</u>	
Are you under any treatment?	
Are you under any fertility treatment? I.e. IVF?	
Have you had any surgery on your womb/abdomen/lower back?	
Accidents or traumas?	
Falls or injuries to sacrum, tailbone or head?	
Recent procedures (<6 months)	
High/low blood pressure	

Do you have any food or plant allergies?	
Other relevant medical conditions	

<u>Emotional & Spiritual</u>
What is your opinion of yourself?
If possible, please describe the most negative emotion you experience.
When do you most often feel this emotion?
Have you witnessed or experienced: Emotional abuse Physical abuse In childhood As an adult?
How would you describe your current relationship with your feminine energy and anatomy?

Would you like to share your intention for reaching out for a treatment? What do you feel drew you to enquire?

What changes would you like to see in the next 6 - 12 months?

Other Comments: Please use this space to give any further relevant information that you feel would be beneficial for me to know prior to attending the session.

Declaration

Please carefully read and sign the following declaration.

Side effects of yoni steaming and womb massage are largely positive. A vast array of physiological and energetic ailments are improved through a sustained and committed practice of womb care treatments. These benefits are explained to you during the session.

For Yoni Steaming:

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Yoni steaming is a cleansing experience, therefore, your body may show signs that it is detoxing, regulating and re-balancing itself after steaming. Depending on your body, it is possible that you may feel cramps, a difference in vaginal discharge or fluids, emotional release or a shift in your cycle. Feel free to let me know if this happens for you and if you feel concerned about anything after the steam. Make sure to hydrate properly before coming to the session (adequately, not too much as the steam or massage can stimulate the need to pee!).

If you will be on your period soon after the treatment, try to use natural period care, such as organic tampons/pads, reusable pads/underwear or a menstrual cup. Mainstream brands of tampons and pads can contain plastics and chemicals that are not optimum for both your body and the planet! For steaming, tampons can prevent any residue from cleaning out completely. If you would like any support on natural self care during your period, i'm here to support you.

I understand that I am responsible for myself and my choice to take part in the yoni steam ceremony or treatment with womb.love	
I understand that the yoni steam ceremony, massage or healing treatment / session is not a replacement for medical care.	
I understand that the facilitator does not diagnose medical illness, disease or any other physical or mental conditions.	
I have stated all known conditions and take it upon myself to keep the facilitator updated in the event I become unwell during the session.	
I understand that the session could produce positive or negative side effects (most of which are a natural sign your body is rebalancing). I accept legal responsibility for my choice	

to take part and waive the responsibility of the practitioner and the venue.	
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<u>My printed name and date confirm my signature</u>	
Name:	Date: