

YES. / NO

PRE-SCREENING

HARD CONTRAINDICATIONS: THERE ARE TIMES WHEN IT IS NOT BENEFICIAL FOR WOMEN TO YONI STEAM.

-
- | | | | |
|----|--|---------------------------------|--------------------------------|
| 01 | ARE YOU CURRENTLY ON YOUR <u>PERIOD</u> ? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 02 | DO YOU CURRENTLY HAVE <u>FRESH SPOTTING</u> WITHIN THE LAST 24 HRS? (RED BLOOD)? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 03 | HAVE YOU HAD SPONTANEOUS <u>HEAVY BLEEDING</u> WITHIN THE LAST 3 MONTHS? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 04 | HAVE YOU HAD <u>TWO PERIODS</u> PER MONTH (EX.EVERY 2 WEEKS) IN THE PAST 3 MONTHS? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 05 | ARE YOU <u>PREGNANT</u> ? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 06 | IF <u>TRYING TO CONCEIVE</u> ARE YOU PAST OVULATION OR IUI/IVF TRANSFER? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
-

If you answered yes to any of the above questions, this indicates that yoni steaming is contraindicated. It is not safe and could result in negative side effects such as the onset of bleeding or a miscarriage. Steaming should not be performed at this time. Continue questions if you answered no to all.



YES. / NO

PRE-SCREENING

SOFT CONTRAINDICATIONS: STEAMING IS NOT FOR EVERYBODY ALL THE TIME. SOMEONE WITH SOFT CONTRAINDICATIONS SHOULDN'T YONI STEAM BUT HAVE THE CHOICE TO DECIDE FOR THEMSELVES.

01	DO YOU HAVE AN INFECTION CHARACTERIZED WITH A BURNING ITCH?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
02	DO YOU HAVE TUBAL COAGULATION (BURNING OF THE FALLOPIAN TUBES THROUGH LAPAROSCOPIC SURGERY THROUGH THE BELLY BUTTON)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
03	HAVE YOU HAD A UTERINE ABLATION PROCEDURE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
04	DO YOU HAVE AN ESSURE INSERT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
05	IF <u>TRYING TO CONCEIVE</u> ARE YOU PAST OVULATION OR IUI/IVF TRANSFER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered yes to any of the above questions, this indicates that yoni steaming is softly contraindicated (meaning steaming may not be as beneficial but it's at your own discretion).



YES. / NO

PRE-SCREENING

SENSITIVITIES: IF YOU ARE IN THIS CATEGORY THEN IT IS OKAY TO STEAM, HOWEVER YOU'RE STEAM SESSION AND HERBS SHOULD BE ADJUSTED SO THAT YOU SEE MAXIMIZED RESULTS.

UTERINE BLEEDING SENSITIVITY

01 ARE YOUR MENSTRUAL CYCLES CURRENTLY OR HISTORICALLY EVER 27 DAYS OR SHORTER? YES NO

02 DO YOU HAVE A HISTORY OF SPONTANEOUS BLEEDING OR 2 PERIODS PER MONTH (3 MONTHS AGO OR LATER IN THE PAST)? YES NO

If you answered yes to any of the above questions, this indicates that you are prone to bleeding.

I recommend:

- **The no heater set up**
- **Steaming for 10 mins**
- **Cloaking is optional (as desired)**



YES. / NO

PRE-SCREENING

SENSITIVITIES: IF YOU ARE IN THIS CATEGORY THEN IT IS OKAY TO STEAM, HOWEVER YOU'RE STEAM SESSION AND HERBS SHOULD BE ADJUSTED SO THAT YOU SEE MAXIMIZED RESULTS.

HEAT SENSITIVITY

01 HAVE YOU EXPERIENCED ANY HOT FLASHES OVER THE PAST MONTH? YES NO

02 HAVE YOU EXPERIENCED ANY NIGHT SWEATS OVER THE PAST MONTH? YES NO

03 ARE YOU CURRENTLY OR HISTORICALLY PRONE TO YEAST INFECTIONS? YES NO

04 ARE YOU CURRENTLY OR HISTORICALLY PRONE TO BV? YES NO

04 ARE YOU CURRENTLY OR HISTORICALLY PRONE TO UTI? YES NO

05 DO YOU HAVE ACTIVE OR DORMANT HERPES? YES NO

If you answered yes to any of the above questions, this indicates that you have excess heat in your body.

I recommend:

- **The no heater set up**
- **Steaming for 10 mins**
- **Not cloaking**



YES. / NO

PRE-SCREENING

SENSITIVITIES: IF YOU ARE IN THIS CATEGORY THEN IT IS OKAY TO STEAM, HOWEVER YOU'RE STEAM SESSION AND HERBS SHOULD BE ADJUSTED SO THAT YOU SEE MAXIMIZED RESULTS.

MEDICAL SENSITIVITY

01 DO YOU HAVE AN IUD? YES NO

02 DO YOU HAVE A NUVA RING IN? YES NO

If you answered yes to any of the above questions, this indicates that you have medical sensitivities. If you have a nuva ring take it out before the session and then put it back in after the session. If you have a plastic or copper IUD you can still steam however I recommend:

- **The no heater set up**
- **Steaming for 10 mins**
- **Cloaking is optional (as desired)**



YES. / NO

PRE-SCREENING

SENSITIVITIES: IF YOU ARE IN THIS CATEGORY THEN IT IS OKAY TO STEAM, HOWEVER YOU'RE STEAM SESSION AND HERBS SHOULD BE ADJUSTED SO THAT YOU SEE MAXIMIZED RESULTS.

1ST TIMER/AGE SENSITIVITY

01 IS THIS YOUR FIRST TIME DOING A STEAM SESSION? YES NO

02 ARE YOU 13 OR YOUNGER? YES NO

If you answered yes to any of the above questions, I recommend the following:

I recommend:

- **The no heater set up**
- **Steaming for 10 mins**
- **Cloaking is optional (as desired)**



YES. / NO

PRE-SCREENING

SENSITIVITIES: IF YOU ARE IN THIS CATEGORY THEN IT IS OKAY TO STEAM, HOWEVER YOU'RE STEAM SESSION AND HERBS SHOULD BE ADJUSTED SO THAT YOU SEE MAXIMIZED RESULTS.

1ST TIMER/AGE SENSITIVITY

01 IS THIS YOUR FIRST TIME DOING A STEAM SESSION? YES NO

02 ARE YOU 13 OR YOUNGER? YES NO

If you answered yes to any of the above questions, I recommend the following:

I recommend:

- **The no heater set up**
- **Steaming for 10 mins**
- **Cloaking is optional (as desired)**



YES. / NO

PRE-SCREENING

HERB SELECTION: REMEMBER NOT ALL HERBS ARE FOR EVERYONE. THESE QUESTIONS WILL SCREEN YOU FOR HEMOSTATIC (BLOOD STOPPING) HERBS.

INDICATORS FOR A HEMOSTATIC HERB FORMULA

01 DO YOU EVER HAVE MENSTRUAL CYCLES 27 DAYS OR LESS? YES NO

02 IN THE PAST MONTH, DID YOU HAVE FRESH SPOTTING MENSTRUAL DAY 27 OR EARLIER? YES NO

03 HAVE YOU HAD ONGOING BLEEDING (LASTING 10 DAYS OR LONGER) WITHIN THE LAST 3 MONTHS? YES NO

04 DO YOU HAVE A HISTORY OF SPONTANEOUS OR 2 PERIODS PER MONTH? YES NO

04 ARE YOU 12 YEARS OR YOUNGER? YES NO

*If you answered yes to any of the above questions, this indicates that you should steam with our hemostatic blend **ONLY**. This blend is specifically formulated for cycles 27 days or shorter. Do not rotate or switch blends until you're cycle becomes 28 days or longer.*



YES. / NO

PRE-SCREENING

HERB SELECTION: REMEMBER NOT ALL HERBS ARE FOR EVERYONE. THESE QUESTIONS WILL SCREEN YOU FOR COOLING/MOISTURIZING HERBS.

INDICATORS FOR A COOLING/MOISTURIZING HERB FORMULA

01	DO YOU HAVE VAGINAL DRYNESS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
----	------------------------------	---------------------------------	--------------------------------

02	HAVE YOU EXPERIENCED HOT FLASHES OR NIGHTSWEATS RECENTLY?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
----	---	---------------------------------	--------------------------------

03	DO YOU HAVE ANY TYPE OF DRY GENITAL INFECTION (WITHOUT DISCHARGE)	YES	NO
----	---	-----	----

04	DO YOU RADIATE HEAT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
----	----------------------	---------------------------------	--------------------------------

04	DO YOU HAVE AN AVERSION TO HEAT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
----	----------------------------------	---------------------------------	--------------------------------

05	IS THE WEATHER CURRENTLY HOT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
----	-------------------------------	---------------------------------	--------------------------------

*If you answered yes to any of the above questions, this indicates that you should steam with our cooling/moisturizing blend. This blend is **universal and recommended for people with heat sensitivities.***



YES. / NO

PRE-SCREENING

HERB SELECTION: REMEMBER NOT ALL HERBS ARE FOR EVERYONE. THESE QUESTIONS WILL SCREEN YOU FOR DISINFECTING HERBS.

INDICATORS FOR A DISINFECTING HERB FORMULA

01 DO YOU HAVE GREEN VAGINAL DISCHARGE? YES NO

02 DO YOU HAVE YELLOW VAGINAL DISCHARGE? YES NO

03 DO YOU HAVE THICK VAGINAL DISCHARGE? YES NO

04 DO YOU HAVE CLUMPY WHITE VAGINAL DISCHARGE? YES NO

04 ARE YOU PRONE TO YEAST OR BACTERIAL INFECTIONS? VIRUSES? YES NO

05 DO YOU HAVE MALODORUS (BAD SMELLING) VAGINAL DISCHARGE? YES NO

If you answered yes to any of the above questions, this indicates that you should steam with our disinfecting blend.

*****However, If you experience regular vaginal dryness don't use this blend (use cooling/moisturizing).***



YES. / NO

PRE-SCREENING

HERB SELECTION: REMEMBER NOT ALL HERBS ARE FOR EVERYONE. THESE QUESTIONS WILL SCREEN YOU FOR CLEANSING HERBS.

INDICATORS FOR A CLEANSING HERB FORMULA

01 ARE YOUR MENSTRUAL CYCLES 28 DAYS OR LONGER? YES NO

02 IS YOUR MENSTRUAL CYCLE ABSENT OR MISSING? YES NO

03 ARE YOU CURRENTLY TAKING BIRTH CONTROL PILLS? YES NO

*If you answered yes to any of the above questions, this indicates that you should steam with our cleansing blend. This blend is formulated with **blood moving herbs for people with long or missing cycles** (not for women with uterine bleeding sensitivities). This blend is also recommended for women who take oral contraceptives (the pill).*

***If your cycle shortens to 27 days or less, switch to hemostatic next.*



HERB PRIORITY LIST

01

HEMOSTATIC

Gentle blend to strengthen the uterus, promote a healthy menstrual cycle length and prevent irregular uterine bleeding. *IF YOU QUALIFY FOR THIS BLEND YOU CAN ONLY STEAM WITH THIS BLEND UNTIL YOUR CYCLE BECOMES 28 DAYS OR LONGER**

02

COOLING

Promotes circulation and helps diffuse night sweats, hot flashes and vaginal dryness, while also supporting a healthy menstrual cycle and uterine cleanse. *RECOMMENDED FOR THOSE WITH HEAT SENSITIVITIES**

03

DISINFECTING

Restorative blend contains anti-septic herbs which eliminate bacteria, yeast and viruses. It also deodorizes and resets the vaginal flora, calms the nervous system and lifts moods.

04

CLEANSING

Contains circulatory herbs to promote the strongest impact to clean out the uterus. This blend is specific for women who having missing or long cycles & do not experience bleeding sensitivities,

- *Cooling, Disinfecting, & Cleansing can be rotated as long as its not within the same steam session.*
 - *ex, day 1: disinfecting.. day 2: cleansing.. day 3:disinfecting*
- *Uterine bleeding sensitivity is 1st priority*
- *Heat sensitivity is 2nd priority.*

