



Inner Health Center Inc

Therapy Waiver and Consent Form

I understand that the **Vaginal Steam Session** I will be provided, is for the basic purpose of assisting the body as a hygienic post-period practice while helping alleviate or lessen gynecological problems, such as, cramps, trouble conceiving, infections, fibroids, cysts, and dryness. I further understand that a **Vaginal Steam Session** should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for mental or physical ailment that I am aware of.

Because a **Vaginal Steam Session** can be contraindicated under certain conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my intake form and understand that there shall be no liability in any way on the therapist's part or Inner Health Center Inc.

Patient's Signature

Patient's Name (Please Print)

Date