

"Listen to your body, it will tell you what to do"

ANNIE ROO

# NEW CLIENT WELLNESS INTAKE FORM

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## WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE 1

### TERMS AND CONDITIONS:

The educational health information received during this womb care coaching program is for general education and not intended to be specific medical advice. No diagnosis is provided during this coaching or consulting program. It is advisable to consult with one's personal health care provider before implementing any lifestyle changes. Thank you for taking time to fill out your intake form. I look forward to working with you on your journey to balance your womb health & wellness. *By signing below I acknowledge and accept this is nonrefundable in its entirety and I may be removed from access, discussion groups, and vaults, for breach of confidentiality, terms, and agreements based on my actions at the discretion of Annie Roo LLC.*

I, (\_\_\_\_\_), have read and fully understand the terms and conditions of filling out this womb journey intake form. I understand that Annie Roo, LLC, is a life doula, not a medical professional, and as such is an educator in women's reproductive wellness. I understand that I am in no way obligated to undertake any changes in my lifestyle or behaviors because this is an information exchange and any decisions I make I do so of my own accord with informed consent, and do not hold Annie Roo, LLC, liable under any circumstances.

I am free and responsible for my actions as a human being created by God.

Date

.....

Signature over printed name

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# **CONTACT INFO**

## **WRITING IS PART OF THE WOMB JOURNEY**

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PAGE 2

THROUGHOUT THE INTAKE, PLEASE ELABORATE ON ANY TOPIC YOU FEEL IS RELEVANT TO  
BALANCING YOUR WOMB SPACE FOR ACHIEVING WELLNESS.

Client Name:

Age:

Date:

Weight:

Mailing Address:

Phone:

Email:

Emergency Contact name and phone:

I am single, married, divorced, widowed.

I prefer to be contacted by: phone, text, email.

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# **MOON BLOOD CYCLES**

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My sexual journey began when I was \_\_\_\_\_ years old.

I was \_\_\_\_\_ years old when I got my first period cycle.

My cycles are usually \_\_\_\_\_ (#) days long

with \_\_\_\_\_ (#) days of bleeding: \_\_\_\_\_ (pink, brown, black, clear, red, et cetera) colored blood at the beginning, \_\_\_\_\_ (color) in the middle, and \_\_\_\_\_ (color) at the end.

I am currently:

\_\_\_\_ sexually active

\_\_\_\_ NOT sexually active

Are you exposed to ADDITIONAL toxins in your daily work or home life?

(hair dresser, gardener, military, painting, cleaning, medical xrays etc, laboratory, construction, air pollution, pesticides, perfumes, body lotions, furniture makers, factory workers, water pollution, laundry, preservatives, pools). et cetera. Please list them here:

I have used the following for menstrual supplies:

\_\_\_\_ Period Cup (luna, lunette, diva, et cetera)

\_\_\_\_ Tampons

\_\_\_\_ Period Underwear

\_\_\_\_ Pads

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ I freebleed.

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# CYCLE HISTORY

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PAGE 4

0 = NOT SURE

1 = DO NOT EXPERIENCE

10= DO EXPERIENCE

\_\_\_breakthrough bleeding

\_\_\_extreme mood swings

\_\_\_ovarian cysts

\_\_\_pcos

\_\_\_endometriosis

\_\_\_dryness

\_\_\_anal itching

\_\_\_hemorrhoids

\_\_\_severe impact or force

\_\_\_major injury

\_\_\_incontinance (urinary leakage)

\_\_\_incontinance (feces leakage)

\_\_\_painful intercourse

\_\_\_tumors/polyps

\_\_\_fibroids

\_\_\_amenorrhea

\_\_\_thyroid issues

\_\_\_adrenal fatigue

\_\_\_PMS

\_\_\_menopause

\_\_\_clots

\_\_\_infertility

\_\_\_feminine odor

\_\_\_vaginal discharge

\_\_\_genital itching

\_\_\_sexually transmitted dis-eases

\_\_\_cancer

\_\_\_PPD post partum depression

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# BIRTH CONTROL USE

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I have used this type of birth control at any point in my life: if yes, please indicate the year and length of use if possible.

**Example:**

XBCP (*Ortho tri-cyclen, 2005-2009, 2011-2012, tried Yasmin for 3 months then stopped*)

\_\_\_ Birth Control Pills \_\_\_\_\_

\_\_\_ IUD \_\_\_\_\_

\_\_\_ Shot (ie *DepoProvera*) \_\_\_\_\_

\_\_\_ Coil Oviduct Implant (ie *Essure*) \_\_\_\_\_

\_\_\_ Arm implants (ie *Nexplanon*) \_\_\_\_\_

\_\_\_ Nuva Ring \_\_\_\_\_

\_\_\_ Patch (ie *Ortho Evra*) \_\_\_\_\_

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# FERTILITY AWARENESS

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PLEASE INDICATE 'X' FOR I HAVE AND LEAVE BLANK FOR I HAVE NOT EXPERIENCED:

I have used this type of Family Planning at any point in my life: if yes, please indicate the year and length of use if possible.

### Condoms

\_\_\_ male \_\_\_\_\_

\_\_\_ female \_\_\_\_\_

### Fertility Awareness

I have used tracking my ovulation via these methods for:

---please indicate in each if it was for **having** a baby/ **NOT** having a baby

\_\_\_ temperature \_\_\_\_\_

\_\_\_ saliva \_\_\_\_\_

\_\_\_ cervical mucus \_\_\_\_\_

\_\_\_ symptoms \_\_\_\_\_

\_\_\_ I have no idea how to track my ovulation and want to for:

\_\_\_ having a baby

\_\_\_ NOT having a baby

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# **PREGNANCY**

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PLEASE INDICATE 'X' FOR I HAVE AND LEAVE BLANK FOR I HAVE NOT EXPERIENCED:

\_\_\_ I am currently pregnant and am \_\_\_\_\_ weeks.

Please indicate (month/day/year) if known.

My last period was on \_\_\_\_\_

I know when I ovulated and it was \_\_\_\_\_

I know we made the love that made a baby on \_\_\_\_\_

In my pregnancies, I:

\_\_\_ am barefoot

\_\_\_ walk on cold floors

\_\_\_ have warm foods and drinks

\_\_\_ have hired a doula for the birth

\_\_\_ a doula for postpartum

\_\_\_ have been told my uterus is tilted (back/forward)

\_\_\_ carry my babies to term

\_\_\_ carry postdates

\_\_\_ carry and birth predates

\_\_\_ have many uncomfortable symptoms like nausea/HG, swelling,  
and do (not) know how to remedy these holistically

\_\_\_ feel unsupported in my pregnancies

\_\_\_ feel fully supported in my pregnancies

\_\_\_ OTHER \_\_\_\_\_

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# POSTPARTUM

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\_\_\_I have hired a postpartum doula \_\_\_\_ times out of \_\_\_\_ births  
(including miscarriages & still born baby births).

Please indicate the services and offerings she provided for you and your family.

---

---

---

What was most helpful of the offerings she provided:

---

---

---

What was most least helpful of the offerings she provided:

---

---

---



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# POSTPARTUM

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PLEASE INDICATE 'X' FOR I HAVE AND LEAVE BLANK FOR I HAVE NOT EXPERIENCED:

I have always and wanted to try... but I don't know anything about it:

\_\_\_laying in for 40 days

\_\_\_a non-hormonal, non synthetic, family awareness birth planning

\_\_\_womb tea

\_\_\_yoni steaming

\_\_\_sneeze pee no more

\_\_\_balancing prolapsed organs with DIY at home modalities

\_\_\_(add your own) \_\_\_\_\_

\_\_\_(add your own) \_\_\_\_\_

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# POSTPARTUM

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PLEASE INDICATE 'X' FOR I HAVE AND LEAVE BLANK FOR I HAVE NOT EXPERIENCED:

In my postpartum time, I:

\_\_\_lay in for 40days

\_\_\_drink womb wellness teas

\_\_\_have warm foods and drinks

\_\_\_hire a postpartum doula

\_\_\_have supportive friends \_\_\_have supportive friends that live far away

\_\_\_have supportive family \_\_\_have supportive family that live far away

\_\_\_know how to support not sneeze peeing

\_\_\_go back to work \_\_\_days after birth

\_\_\_use tinctures to support my womb & body healing

\_\_\_use essential oils to support my womb & body healing

\_\_\_yoni steam to support my womb & body healing

\_\_\_feel fully supported postpartum \_\_\_do NOT feel supported

\_\_\_feel fully supported mentally \_\_\_do NOT feel supported

\_\_\_have experienced postpartum depression in any capacity for any  
length of time

\_\_\_think that postpartum ends at \_\_\_ weeks

\_\_\_think that postpartum ends at \_\_\_ years after birth

\_\_\_receive slap baths

\_\_\_receive rebozo hip closing ceremonies

\_\_\_receive chiropractic adjustments

\_\_\_receive cranial sacral adjustments

OTHER \_\_\_\_\_

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# TRAUMA

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Please indicate 'X' for I have and leave blank for I have not experienced:  
*Feel free to elaborate on any if you would like to. Page 15 is blank for this reason. Use as many as you need.*

*It is very common for emotional releases such as yoni steaming, or the use of herbs, essential oils, etc, to bring up past traumas of which we are not even aware.*

*Some trauma may be passed via the blood stream during birth from a birthing mother - your mother to you, for example - thus creating an un-ease that does not belong to you - yet which still has the full capacity to be balanced and released on your own wellness journey.*

\_\_\_sexual trauma Age \_\_\_\_\_

\_\_\_rape Age \_\_\_\_\_

\_\_\_molestation Age \_\_\_\_\_

\_\_\_painful consensual intercourse

\_\_\_pressure inside my rectum

\_\_\_pressure inside my vagina

\_\_\_infections (uti,bv,yeast) \_\_\_Recurrent/cyclical \_\_\_Random

\_\_\_birth trauma (interventions, surgery, abuse, neglect) \_\_\_\_\_

\_\_\_miscarriage How many/when? \_\_\_\_\_

\_\_\_stillbirth How many/when? \_\_\_\_\_

\_\_\_abortion: (pill, D&C) How many/when? \_\_\_\_\_

Prolapsed organs:

\_\_\_uterus

\_\_\_cervix

\_\_\_bladder

\_\_\_rectum

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# **BIRTH**

## **WRITING IS PART OF THE WOMB JOURNEY**

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In my pregnancies, and births, I:

\_\_\_ have successfully breastfed for \_\_\_ months

(for how many children?) \_\_\_\_\_

\_\_\_ have had a vaginal birth,

\_\_\_ have had a natural birth,

\_\_\_ have had an epidural,

\_\_\_ have had a cesarean birth,

\_\_\_ have had a vbac,

\_\_\_ have homebirthed,

\_\_\_ have freebirthed,

\_\_\_ have had an episiotomy,

\_\_\_ have had a vacuum birth,

\_\_\_ hospital transfer

\_\_\_ have been induced with synthetic pitocin

\_\_\_ have had IV antibiotics during labor/birth

\_\_\_ have had someone teach me about scar remediation and care,

My libido (desire for sexual interactions) is:

\_\_\_ too low for me

\_\_\_ perfectly balanced

\_\_\_ too high for me

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# POOP

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My poop is:

*for each NOT normal poop please indicate (DEFINE - # days/ week)*

\_\_\_ normally well formed like a chocolate banana

\_\_\_ constipated (\_\_\_\_\_)

\_\_\_ diarrhea (\_\_\_\_\_)

\_\_\_ ribbon like (\_\_\_\_\_)

\_\_\_ pellets (\_\_\_\_\_)

\_\_\_ quite unusually smelly (\_\_\_\_\_)

\_\_\_ bloody (\_\_\_\_\_)

\_\_\_ infrequent (less than 1x/day) (\_\_\_\_\_)

\_\_\_ frequent (more than 3x/day) (\_\_\_\_\_)

\_\_\_ floats (\_\_\_\_\_)

I would rate my happiness with my body image now as a \_\_\_/10.

My goal is to be a \_\_\_/10 in the next \_\_\_ months.

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# WELLNESS MODALITY

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I have tried \_\_\_ therapy:

\_\_\_acupuncture

\_\_\_internal pelvic womb

\_\_\_massage

\_\_\_chiropractic

\_\_\_functional medicine

\_\_\_nutritionist

\_\_\_Arvigo Mayan Abdominal Massage

\_\_\_emotional trauma release

\_\_\_essential oil bodywork

\_\_\_self massage externally

\_\_\_self massage internally in my yoni/vagina

\_\_\_psychologic talking

\_\_\_dance

\_\_\_reiki/ energy work

\_\_\_OTHER \_\_\_\_\_

The therapy that I see the most change and beneficial results from is:

\_\_\_\_\_

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# DESIRE TO...

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I want to:

\_\_\_ consciously prevent conception

\_\_\_ consciously prepare my body and conceive a baby.

The 3 best healthiest foods I eat are:

1

2

3

The 3 worst junk foods I eat are:

1

2

3

I do (not) understand my water number; and it is \_\_\_\_\_.

I want more information about \_\_\_\_\_.

\_\_\_ Holistic Childbirth Classes

\_\_\_ Physiological Breastfeeding Classes

\_\_\_ Womb Tea Classes

\_\_\_ Yoni Steaming Classes

\_\_\_ Sneeze Pee No More Classes

\_\_\_ Grief Processing Work

\_\_\_ Emotional Release Support Sessions

\_\_\_ Holistic Menopause Transition Information

\_\_\_ Holistic Menstrual Information for my daughter(s)

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# **COUNTERTOP**

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I currently do (not) take prescription medications; if so, what, and for what reasons.

What herbs, vitamins, supplements, etc. are you currently taking? Also list reasons for taking them.

Do you have any known contagious dis/un-eases? Please list them.

How do you tend to yourself during your period?  
(extreme exercising, rest, pain medication, warming foods)



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# MOTIVATION

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What is your biggest motivator?

Who is your biggest motivator?

What distracts you from succeeding most?

What fears do you have around wellness?

Where do you ideally want to see yourself in 6 months?

My main goal(s) for my womb space are:

\_\_\_no pain

\_\_\_more moisture in my yoni

\_\_\_better orgasms

\_\_\_a balanced bleeding cycle length with healthy blood

\_\_\_to stop peeing my pants

\_\_\_to stop leaking feces

\_\_\_to learn about the organs in my body and what they do

\_\_\_to understand how to detoxify my body from synthetic hormones

\_\_\_to make a baby

\_\_\_not make a baby

\_\_\_find a balanced weight for my body

\_\_\_have more energy,

\_\_\_learn self care,

\_\_\_teach others about womb care (as my business)

\_\_\_OTHER\_\_\_\_\_

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# JOURNEY

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PAGE (\_\_\_\_) EXTRA INFORMATION

Print as many as you need.

Please use this page to elaborate on any specific topic.