

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

ANNIEROO.COM / ANNIEROOGURU@GMAIL.COM / 210-221-0811

PO BOX 222 * DACONO * COLORADO * 80514 * USA

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE 1

TERMS AND CONDITIONS:

The 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 out time to fill out your form. I look forward to working with you on your journey to balance your womb health & wellness.

Please elaborate on any topic you feel is relevant to balancing your womb space for achieving wellness.

I, (_____), have read and fully understood 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 health. 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.

.....

Signature over printed name

Date

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE 2

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.

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE 3

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

___ I freebled.

___ Period Underwear

___ Pads

___ Other _____

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

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

___incontinence (urinary leakage)

___incontinence (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

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE 5

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:

_X_BCP (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*) _____

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE 6

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

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE 7

___ 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 _____

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE 8

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

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE 9

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

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE 10

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.

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE 11

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:

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

I want to:

TAKE YOUR TIME

PAGE 12

___ 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)

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE 13

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-eases? Please list them.

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

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE 14

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_____

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

ANNIE ROO

NEW CLIENT WELLNESS INTAKE FORM

WRITING IS PART OF THE WOMB JOURNEY

TAKE YOUR TIME

PAGE (____) EXTRA INFORMATION

Print as many as you need.

Please use this page to elaborate on any specific topic.

