

Sexual History Intake

Date: _____

Client Name: _____

Please answer as many questions as you can, especially if seeking sex specific therapy. Detail is not needed on this form, rather this will be used for in depth conversation in session to help with the treatment process.

All fluidity, expression, verbage, history, orientation etc. is accepted and celebrated at this practice.

***This practitioner is a mandatory reporter and as such, please be aware that *thoughts of harming others or self is not reportable, though may result in further exploration and an enactment of a safety plan.* This is a safe space to talk about fantasies, desires, kink, BDSM, sexual exploration, open relationships, etc. The ACTUAL past or present ACTION or future INTENTION or PLAN to harm someone who is underaged, elderly, disabled, or considered unable to protect themselves will be reported to appropriate authorities to ensure safety of all. Please feel free to ask any clarifying questions before proceeding. This office is not properly trained in sexual offense and will refer to appropriate services, if needed. Please acknowledge your understanding below:**

Signature: _____ **Printed Name:** _____

Describe your gender: _____

Gender assigned at birth: _____

Describe your sexual orientation: _____

Illnesses affecting sexuality: _____

Medications affecting sexuality: _____

Current stressors: _____

Pain with sex: _____

Issues with sex: _____

Number of completed pregnancies: _____ Number of terminated pregnancies: _____

Pregnancy complications: _____

Sexual Trauma (Y/N & ages, but no detail is needed):

Would you consider your Family or Origin (FOO) and childhood home to have been more sexually positive or negative?:

What are your FOO religious and/or spiritual beliefs about gender and sexuality:

Attitudes of sex and gender with FOO and environment: _____

Cultural attitudes of sex: _____

How did you learn about sex?: _____

How did you feel about puberty?: _____

History of sexual insecurity: _____

Insecurities with your body: _____

Insecurities with sexual expression: _____

Current spiritual support of your sexuality: _____

Age started masturbating: _____ Feelings about masturbation when started: _____

Current masturbation frequency: _____ Current feelings about masturbation practice: _____

Current use of pornography: _____

Feelings about pornography: _____

Total number of sexual partners: _____ Number of current, active sexual partners: _____

Any sexual behaviors that are distressing?: _____

Sex Thoughts that are distressing?: _____

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Current relationship sexual satisfaction or issues:

Current sex drive: _____ Partner's sex drive: _____

How do you feel talking about sex?: _____ With partner?: _____

Thoughts about the place/purpose of sex in a person's life:

Thoughts about the place/purpose of sex in relationships:

What does healthy sex mean to you?: _____

Do you have any questions about sex?: _____
