



# Educational Session Intake Information

*All information will be held **confidential** and will not be shared.*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: email    text    phone call    May I leave a VM message? Y N

Gender and preferred pronouns: \_\_\_\_\_

Sexual orientation: \_\_\_\_\_ Relationship status: \_\_\_\_\_

Do you have children? If yes, how old are they?

Are you currently on any prescription medication?

Do you drink alcohol or take recreational drugs?

Were you raised with any particular religion? What religion?

Are you affiliated or practice with any particular religion today?

Your goals will guide this work. What would you like to accomplish as a result of our time together?

## **Sexual History and Information:**

How do you feel about your body?

Are there any difficulties about your sexual/sensual history or current sexuality that you want me to know?

Are there any positives about your sexual/sensual history or current sexuality that you want me to know?

Have you experienced any physical or mental trauma that might be playing a role in your sex life?

Do you masturbate? If yes, how often?

Do you orgasm? With and/or without a partner?

Do you use sex toys? If so, please list.

Please share any additional information that you want me to know.

## Informed Consent and Agreement:

*Please read and initial to confirm understanding and agreement*

\_\_\_\_\_ The sex education and coaching provided by Laura Bogush align with Betty Dodson's Bodysex method. Laura is a certified Bodysex facilitator. Sex education is not medical treatment or psychotherapy. Laura is not a medical professional or psychotherapist. If you have a medical concern, please consult your doctor. If you have emotional/psychological issues, please consult with a mental health professional or therapist. **The services provided by Laura are educational not therapeutic.**

\_\_\_\_\_ Laura does not act as a surrogate partner. She remains fully clothed during individual sessions. She will never become sexually or romantically involved with a client.

\_\_\_\_\_ Consent to participate in any activity or touch may be withdrawn at any time. If you feel uncomfortable or do not wish to participate, please speak up and withdraw your consent. Are you able to withdraw your consent during the session? Y N

\_\_\_\_\_ Non-sexual touch, such as an arm around a shoulder, is typically used during a session to provide comfort and reassurance. Any touch intended to produce a pleasure response will be done with your own hand. Do you consent to non-sexual touch? Y N

\_\_\_\_\_ Sessions are held in a private setting. Appropriate hygiene will be used. All equipment is properly cleaned and sanitized.

\_\_\_\_\_ I am an adult (18+), of sound mind, and participating in sessions by my own choice.

\_\_\_\_\_ I understand that if I opt out of suggested activities or end the session early by my choice, no refund will be given.

**I have read, understand, and agree to the above statements.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*