



Intake Form & Waiver

Welcome to The Joyful Self Love Institute, LLC! It's truly a privilege to join you on your journey of sexual discovery. There is no judgment here. And no shame. My only goal is to help you be your best sexual self.

All information is held in the strictest confidence and will not be shared.

Name:

Age:

Phone:

Email Address:

How did you hear about my practice? If you did an internet search, what terms did you use?

Somatic Sex Education

Somatic sex education is designed to nurture, deepen or awaken the sensual self. Whether you want to heal feelings of sexual shame, explore the intersection of sex and spirit, better express your desires, or deepen erotic pleasure, I welcome you.

Somatic sex educators who are sexological bodyworkers are trained to do genital touch, at the request of the client, and when deemed appropriate by the practitioner. Through this touch, we assist clients in developing presence within the body, opening interior awareness, and learning how the body can become more alive. We offer experiential learning opportunities that consciously access profound ecstatic and erotic states; upon request and designed to educate and empower the client's choice and voice.

Intentions and Goals

Your intentions and goals will guide this work. I am here to support you.

Please consider and state your deepest intentions regarding sexuality, eros, spirituality and wellbeing. In addition, please write down any specific goals that you would like to accomplish during our work together.

I would like to:

What is your preferred method of communication, phone, email or text?

May I leave a voice mail message? Yes or No

Gender and Preferred Pronouns:

Sexual Orientation:

Relationship Status:

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

Education:

Are you currently on any Medication?

Were you raised with any particular Religion? Do you practice or affiliate with it today?

Sexual History and Information: *Please provide me with some background on your sexual experience and history. I assure professional confidentiality.*

- Difficult things from my sexual/sensual history or current sexuality I want you to know are:

- Wonderful things from my sexual/sensual history or current sexuality I want you to know are:

- How I feel about my body:

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

- Do you have any current or ongoing medical issues?

- Do you have any of the following conditions?

Pregnant:

Osteoporosis:

Inflammation:

Heart Condition:

Arthritis:

Diabetes:

Vein or Artery Conditions:

Breathing problems:

Pain:

Scars:

Digestive Problems:

Allergies:

- Are you taking any medication that could block pain or relax your muscles?
- Are you currently suffering from any physical or emotional symptoms related to traumatic experience? If yes, please explain:

- Do you have any sexual history, physical or mental illness, or other conditions that may affect your response to a bodywork session? If yes, please explain:

- Do you masturbate? If yes, how often?

- Do you orgasm? With or without a partner?

- Do you have a regular partner?

- Are you able to communicate what you like and don't like sexually?

- Do you use sex toys? How do you feel about them?

- Do you feel sexy?

Please add any other information that you feel may be relevant.

Informed Consent and Agreement, Please initial:

_____ Somatic sex education is not psychotherapy or medical treatment. Massage therapy is a professional occupation regulated by state licensure (OMB). I do not provide massage, nor any preventative, restorative, or therapeutic treatments of any kind. If you have an injury or medical concern, please consult your doctor or seek out a licensed massage therapist.

_____ I understand that any erotic touch will be given only at my request and solely for my own education.

_____ I have stated all medical conditions that I am aware of, and I will update Amy on any changes in my health status.

_____ I am 21 years old, or older.

_____ I will be in a private setting, such as my home or Amy's studio, during sessions.

_____ Amy does not act as a surrogate partner. She remains fully clothed during sessions. She uses her hands only to educate her students. She will never become romantically or sexually involved with a client.

_____ Appropriate hygienic protocols will be used, including gloves for all internal genital/anal touch.

_____ Drugs and alcohol are not compatible with somatic sex education.

_____ Cancellation Policy: 24 hours notice for cancellations is required or you will be billed for the session. Emergencies are exceptions.

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

Signature

Date