

# Intake Form and Waiver for Pleasure By Design

Practitioner: Patrícia Berendsen Somatic Sex Educator

Your Name or Pseudonym:

Phone:

Email:

How did you hear about this practice?

## Intention(s) and Goals

Your intention(s) and goals will guide this work. *I am here to support your deepest and highest intention(s) for yourself.* **Please consider and state your deepest intention(s) regarding sexuality, spirituality and wellbeing.** In addition, please write down any specific goals that you would like to accomplish during our work together.

## Sexual History and Information

*(Please address only those questions that feel relevant. I assure professional confidentiality.)*

1. Difficult things from my sexual/sensual **history** I want you to know are:
2. Wonderful things from my sexual/sensual **history** I want you to know are:
3. Difficult things about my **current** sexuality/sensuality I want you to know are:
4. Wonderful things about my **current** sexuality/sensuality I want you to know are:
5. On a scale of 0-10, how well do you accept your body as it is? (0 = No acceptance 5 = Moderately accepting 10 = I love and accept my body exactly as it is.) Add details about your body-image.
6. Please describe the sexual education and messages you received about sexuality while growing up.

7. Please describe your first sexual experience/s, and how you feel those experiences affected you?
  
8. Please describe a **peak erotic experience**. Think of your best erotic experiences. (What was happening? What was your inner experience? Was it alone or with a partner? What were you sensing? What were you thinking?)
  
9. Tell me about your intimate relationship/s.
  
10. I integrate practices from creative and expressive therapies (eg. visual, movement, writing) into my bodywork. The aim of these activities is to open up access to our intuition and help me identify barriers to pleasure. Have you any experience with image making, movement/dance, and/or writing? Does the idea of using your creativity feel scary, irritating, or enjoyable?
  
11. Tell me about previous sex therapy and/or erotic bodywork experience (sexological bodywork, sensual massage, sex worker, surrogate, tantra, other) **What was most helpful? What was least helpful?**
  
12. Do you have a spiritual practice or a sense of the sacred that is part of your life? What is the role of sexuality within this (if any)?
  
13. I bring my expertise in working with trauma into my body work practice. Have you experienced any physical or sexual traumas in your life? (the images on the last page might be helpful in answering this question)
  
14. If yes, have you sought and received any help with the effects of the trauma? What helped the most?

15. How do you believe these experiences shape your life now?
16. How do you imagine your participation in this somatic sexual education practice would help with healing the past wounds?
17. How do you think those painful experiences might stand in your way in this process?
18. Please add anything else you would like me to know about your sexual history or current desire patterns, including **gender identity, sexual orientation(s), self-pleasuring practices, fantasies, use of pornography**, or any other information that you feel may be relevant.

**Bodywork**

I am trained to do genital and anal touch, at the request of the client, and I would suggest it when deemed beneficial to my client. Through this touch, I assist clients in developing presence within the body, opening interior awareness, and learning how the body can become more and more alive. I offer experiential learning opportunities that consciously access profound ecstatic and erotic states.

The erotic bodywork in my sessions is guided by the person receiving. I work to empower the enthusiastic consent in every touch exchange.

If you would like to **include bodywork** as part of your learning experience, please complete this section of the intake form:

Do you have any of the following conditions? (Please circle or **highlight** Y=Yes or N=No):

- |                                 |                          |                    |
|---------------------------------|--------------------------|--------------------|
| Pregnant Y / N                  | Osteoporosis Y / N       | Inflammation Y / N |
| Heart Condition Y / N           | Arthritis Y / N          | Diabetes Y / N     |
| Vein or Artery Conditions Y / N | Breathing problems Y / N | Pain Y / N         |
| Epilepsy Y / N                  | Recent surgery Y / N     | Allergies Y/N      |
| Genital pain Y/N                |                          |                    |

Are you taking any medication(s) that could block pain or relax your muscles? Y / N

Please list your medications.

Are you currently suffering from any physical or emotional symptoms related to traumatic experience?  
Y / N 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? Y / N If yes, please explain:

### **Informed Consent and Agreement**

Please initial:

\_\_\_\_\_ Bodywork is not psychotherapy or medical treatment.

\_\_\_\_\_ I understand that any touch including erotic touch is intended to be given only at my request and solely for my own benefit, education and pleasure. I agree to guide my practitioner's touch to ensure that it is always beneficial, educational and pleasurable for me. If mistakes are made by myself or my practitioner, I agree to use them as learning opportunities.

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

\_\_\_\_\_ Appropriate hygiene protocols will be used, including gloves for genital/anal touch.

\_\_\_\_\_ Drugs and alcohol are not compatible with bodywork.

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

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Signature

Date