__/__/__

Sexual History-Female

(This confidential Questionnaire is required when working with Denise Wiesner, L.Ac.)

Name:

Residence Address:

City, State, Zip:

Indicate primary telephone: H or W or Cell #:

Email:

Billing address if different:
Address:
City, State, Zip:

Credit Card Information:
Type of card to be charged: VISA/MC/AMEX/DISCOVER/other
CC# Exp. Date: __/__/__
Prefer Paypal: Yes/No

Ok to e-mail? Yes/No Ok to call? Yes/No
Date of Birth: Relationship status: Single/Divorced/Married/Sep..

Present sexual identity: Heterosexual/ Homosexual/ Bisexual/ Asexual/CD/ Trans/ Poly/BDSM/Other

Age of 1st sexual feeling: _____________

Age of 1st erotic dream: _____

Age of 1st masturbation:_______________

Age of 1st sexual attraction: _______

Age of 1st date: _____________________

Age of 1s sexualintercourse:_________

Age of 1st orgasm: __________________

Age of 1st period: __________________

Date of last orgasm: ___________________

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Write brief answers:

1.What are any concerns you may have about your sexuality right now? Why are you here (For example, low sexual desire, feelings about your relationship, your body or fertility)?

2.What childhood messages about sex/sexuality did you receive? Of those, how might they affect your sexuality today?

3. What are any concerns you may have about your periods, fertility, pregnancy or being pre-peri-post-menopausal?

4. What have been your experiences with experiencing orgasm? Alone? With a partner?

5. What have been your experiences with self-pleasuring or masturbating yourself?

6. What is your present pattern and frequency for self-pleasuring/ masturbation?

7. How did and how do you feel about your body (as a child, growing up, as a young adult and now)?

8. Describe the history of your sexual relationships: (Take extra paper or use other side if you need to; talk about the number of partners, what sexual activities you have experienced, and any issues and conflicts around intimacy that you might have experienced.)

9. Describe any feelings you may have about having sexual contact with your present sexual partner and if that has changed while trying to conceive.

10.Describe your present sexual interactions, such as intercourse or masturbation, turn-on's, your present pattern for sexual pleasure, how often.

11. How often do you think about or desire to have sex?

___1x/ day ___ more than 4x's/day
___1x/ week ___ more than 4x's/ week
___less than 4x's/ month

1. Check below any of these which are sexual "turn-on's" for you:

___ erotic/ porn
___ fantasy during masturbation
___ massage
___ Internet porn (live)
___ prostitutes
___ cross dressing
___ exotic dance clubs
___ poly lifestyle
___ erotic books
___ cybersex
___ sex toys
___ phone sex
___ online sex chats
___ fetish play
___ B/D/S/M play
___ swinging clubs/parties/lifestyle
___ voyeurism
___ "dirty talk"
___ romance novels

Other: ___________________________________

1. Are you currently seeing a psychotherapist ? Yes or No

2.. Are you currently working with a reproductive endocrinologist to conceive? Have you worked with one in the past?

3.. Do you have any pre-existing medical conditions that may affect your sexuality? (For example, diabetes, hypertension, heart disease…) Yes or No

4. Are you currently taking any prescribed medications, such as for hypertension, diabetes, depression, anxiety or cardiovascular disease? Yes or No

5. Are you currently working with a reproductive endocrinologist to conceive? Have you worked with one in the past?

6. Have you worked with an Chinese Medicine doctor to help conceive?

7. Do you drink more than moderately or use recreational drugs? Yes or No

8. Are you interested in using safe, natural products that can enhance your sexual experience? Yes or No

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1. What are your long-term sexual goals?

1. What is your primary goal for our work together?

1. Are you willing to commit to your sexual success, do you agree to do the assignments and allow yourself to your sexual pleasure? Yes – No – Not sure

1. I hereby release Denise Wiesner L. Ac. and Natural Healing & Acupuncture , Inc for any damages that may result from sexual coaching :   ___________ initials

25) Write here anything else related to your past or present experiences. Include anything that may be important for me to know, so that I may assist you toward reaching your sexual goals: