

CSB Intake Form

Revised: 06/13/07

Student: _____

Date: _____

Please bring this completed form to your session, or fax it to 760-489-4061

Do you have an educational intention, or an idea of what you expect from our first session?

What is your occupation, and how do you feel about it?

What would you like to share about your relationship or partnership status?

What would you like to share about your relationship with yourself?

What is your sexual orientation or preference?

How confident do you feel about saying "no," and asking for what you want?

Do you have any current health issues?

Do you have any allergies or sensitivities?

For Women - Are you pregnant?

Are you menstruating?

Are you currently working with a psychiatrist or psychotherapist?

Do you have any regular daily practices?

If so, what?

How do you feel about masturbation?

Do you masturbate regularly? How often?

What is your relationship with your genitals?

What is your relationship with your anus?

Do you have or have you ever had any sexually transmitted diseases?

Have you ever been raped, or sexually, emotionally or physically abused?

What is your biggest sexual challenge?

Anything else you'd like me to know?