

Sex + Relationship Therapy Intake Form

Please provide the following information and answer the questions below to the best of your ability and comfort level.

Please note: Information you provide here is protected as confidential information.

Partner 1

Name & Pronouns: _____

Birth Date: ____ / ____ / ____ Age: ____ Gender: _____

Sexual Orientation: _____ Race/Ethnicity: _____

Partnership status: _____

Address: _____

Phone number: _____

May we leave a message? Yes No

May we send a text? Yes No

*Please note: Texting is not considered to be a confidential medium of communication, so if permission is given, texting will only be used for scheduling, cancellations, or in case of emergency.

E-mail: _____

May we email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication, so if permission is given, will only be used for scheduling or timely cancellations.

Please list any children and their ages from this and previous partnerships:

Partner 2

Name & Pronouns: _____

Birth Date: ____ / ____ / ____ Age: ____ Gender: _____

Sexual Orientation: _____ Race/Ethnicity: _____

Partnership status: _____

Address: _____

Phone number: _____

May we leave a message? Yes No

May we send a text? Yes No

*Please note: Texting is not considered to be a confidential medium of communication, so if permission is given, texting will only be used for scheduling, cancellations, or in case of emergency.

E-mail: _____

May we email you? Yes No

*Please note: Email correspondence is not considered to be a confidential medium of communication, so if permission is given, will only be used for scheduling or timely cancellations.

Please list any children and their ages from this and previous partnerships:
