Welcome! I gladly offer you a safe space to explore, and support you in living in greater presence and pleasure. Your sessions will be grounded in the principle of consent and the belief that you already contain the wisdom you need, in your body. Sessions can include coaching in breath, movement, body awareness, boundary-setting, communication, anatomy, sensate focus, massage, erotic trance, and other body-based teaching around sex and intimacy.

**Name or Pseudonym**: **Pronouns** (e.g. they/them, he/him, she/her):

**Phone**: **Age**: **Email**:

**Gender identity** (e.g. transgender, non-binary, female, male, etc.).:

**Intentions and Goals**

Your intention(s) regarding sexuality, eros, spirituality and wellbeing will guide our work. *I am here to support your deepest intention(s) for yourself.* Please consider how you want to feel, what you want to release, and what you long for. Please note any specific goals you would like to focus on during our work together.

**General Questions**

Tell me a little about your lifestyle (e.g. eating habits, exercise & self care, whether you smoke or drink, sleep quality and number of hours):

How would you describe your energy levels?

How is your stress level?

How do you have fun or enjoy yourself?

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)?

What are your strengths?

Do you have any scars on your body that you might want to have worked on? If yes, please describe the scar and when it occurred.

Current overall health condition: \_\_\_Excellent \_\_\_Very Good \_\_\_Good \_\_\_Fair \_\_\_Poor

To what do you attribute your current condition / situation?

How would you describe the early years of your life (age 0-7)?

**Sexual History and Information --** Please address only those questions that feel relevant and you are comfortable with. I assure professional confidentiality.

Wonderful things about my past and current sexuality/sensuality I want you to know are:

Difficult things from my sexual/sensual history I want you to know are:

If it is pleasurable to do so, 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 the barriers to pleasure? What were you thinking?)

On a scale of 0-10, how well do you accept your body? (0 = No acceptance to 10 = love it!)

Tell me as much as you’d like about your intimate relationship/s.

Have you previous experience with sex therapy and/or erotic bodywork? (sexological bodywork, sensual massage, sex worker, surrogate, tantrika, other) *What was most helpful? What was least helpful?*

Do you have any concerns or questions about your sexual health or sexual practices?

Please add anything else you would like me to know about your sexual history, sexual health or current desire patterns, including gender identity, sexual orientation(s), self-pleasuring practices, fantasies, use of pornography, or anything else that you feel may be relevant.

Is there something else you want to share – but are afraid to share?

**About Bodywork sessions**

Intimacy Educators offer sensual massage that can, at your request, integrate genital and anal touch. This kind of touch is only given at the request of the receiver, and only when deemed appropriate by the practitioner. Through touch, the practitioner can assist the receiver in developing presence within the body, opening interior awareness, and learning how the body can become more and more alive. We offer experiential learning opportunities and a relational environment that can welcome exploration, soulful longing, and the body’s erotic magic. If you wish to include bodywork as an option in our sessions, please complete this section.

Do you have any physical conditions (including medical conditions, pregnancy, medications etc) that need to be considered when giving or receiving bodywork sessions? Y / N If yes, please explain:

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

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:

**What are you hoping to get from this work?**

Please check or highlight items you might want to work on:

* Exploring who I am as an erotic being
* Passionate relationship, expanding possibilities for couples
* Massage Lessons for Lovers, learning the arts of sacred touch
* Communicating desires
* Learning the anatomy of arousal
* Experiencing and learning Tantric techniques
* Exploring the intersection of sex and spirituality
* Loss or lack of sexual desire – inside or outside of relationship
* Reconnecting to sex after childbirth, menopause, or prostate surgery
* Chronic pelvic pain, vulvodynia, constrictions that inhibit sexual function
* Sexual dysfunction, erectile dysfunction, premature ejaculation, inhibited ejaculation
* Exploring whole body sensation, expanding erogenous zones beyond the genitals
* Being sexual with a disability or life transition related to aging, illness, and injury
* Unwanted or obsessive erotic attachment, jealousy, or loneliness
* Becoming orgasmic, or more orgasmic
* Exploring female ejaculation
* Changing habitual sexual roles or scripts
* Healing sexual abuse or trauma
* Playing with gender, expanding possibilities for self-expression related to gender
* Hypnosis for sexual freedom, or erotic hypnosis
* Addressing troublesome turn-ons, e.g. “pornography addiction” or unwanted fantasies
* Learning how to be safely and fully sexual when HIV–positive or another STI
* Learning about or exploring my anus/anal sex/prostate massage
* Self-pleasuring coaching, expanding my self-pleasuring practice
* Exploring power and surrender, or dominance and submission, or other aspects of BDSM/kink, as aspects of sex play and pleasure
* Exploring varying levels of intensity and types of sensations
* Other:

**Integration**

Each session will include time towards the end for savoring and some integration. I’ll check in with you a day or so after each session, by text or phone (your preference). Some people find it helpful to take notes about their experience (e.g. what happened, what you felt and experienced, any distracting thoughts or impulses that took away your focus, and any “Aha!” moments or learning). This will support your integration process and provide important guidance for future sessions. If you’d like to share these with me for future reference, please send to: melody@bodysouljourney.com.

**Notes on Working with an Intimacy Educator**

These kinds of body-based learning and experiences can be transformative and are by their very nature powerful and deep. While many people experience them as healing and beneficial, it is possible that they could trigger a healing crisis or inadvertently trigger painful memories. It may also happen that an activity doesn’t feel right. If you notice that something feels uncomfortable or wrong (and there doesn’t have to be any reason for it, no need to explain), immediately ask to stop and change the activity or the plan for your session.

By agreeing to enter into a client-practitioner relationship with Melody, you agree to accept responsibility for your own well-being, arrange for self-care after sessions, develop a support system beyond Melody, and to immediately tell Melody if any activity doesn’t feel right.

If you would like me to work together with your psychotherapist, medical doctor or other wellness practitioner, I will ask you to sign a release form.

**Informed Consent and Agreement**

Please initial:

\_\_\_\_\_\_\_ I certify that I am at least 18 years of age.

\_\_\_\_\_\_\_ I understand that Intimacy Education, Hypnosis or Tantra are not a substitute for psychotherapy or medical treatment nor replacement for care from a qualified health provider or practitioner. Melody is not trained to diagnose illness, make recommendations involving pharmaceutical drugs or surgery, or handle medical emergencies.

\_\_\_\_\_\_\_ I understand Melody’s services are not licensed in the state of New York. Her practice aligns with the Ethical Practices of the Somatic Sex Educator Association and Source School of Tantra.

\_\_\_\_\_\_ I understand that erotic touch will be given only at my request and solely for my benefit and education. I agree to guide Melody’s touch to ensure it is always beneficial and educational for me.

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

\_\_\_\_\_\_\_ I understand that Melody does not act as a surrogate partner. She remains clothed during sessions. She uses her hands only to touch her clients. She will never become romantically or sexually involved with a client.

\_\_\_\_\_\_I understand that Intimacy Education unfolds according to a process in which every step is careful and consensual. Both client and practitioner stay in full heart with every offer and request. I agree to respect my practitioner’s choices.

\_\_\_\_\_\_\_Appropriate hygienic protocols will be used, along with the use of masks and gloves when appropriate.

\_\_\_\_\_\_\_ Drugs and alcohol are not compatible with these kinds of body-based experiences, and I will refrain from taking drugs or alcohol before, and be sober during, my session.

\_\_\_\_\_\_\_ I understand that I may discontinue services, change consent, or leave at any time.

\_\_\_\_\_\_\_ Cancellation Policy: 24 hours notice for cancellations is required. Emergencies are exceptions.

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

Signature Signature Date