

Sexual History Form

Today's Date: _____

A. Identification

Your name: _____ Age: _____

Marital status: S / M / D / LTP*

* Living with long-term partner

Sexual identification: Heterosexual Homosexual Bisexual

B. Early Sexual History

Please describe the sexual education and messages you received about sexuality while growing up. This may include positive and negative messages, education and experiences, from sources such as family, friends, religious influences, media, sexuality sources, etc.

Please describe your first sexual experience(s), of sexual intercourse, or other important sexual experience(s), including positive and/or negative aspects, and if you feel these have had any impact on you, emotionally, physically, psychologically, sexually, developmentally, intimately or other.

C. General Sexual Health

Do you have any history of sexually transmitted infections, including HIV/AIDS, pelvic inflammatory disease or infertility? If so, please briefly describe, including treatment.

During foreplay, intercourse, or partnered sexual stimulation, do you experience (please check all that apply):

- lack of arousal
- lack of genital sensation (tingling/warmth/excitement)
- difficulty achieving orgasm
- loss of orgasm intensity (muffled or short in duration)
- vaginal dryness
- erectile difficulty
- difficulty with sexual response (quick, slow or intermittent)
- decreased sense of connection with partner
- lack of focus on/awareness of sexual feelings
- genital pain - If so, please describe

Have you sought treatment for any of the above? If yes, please explain:

Do you experience orgasm during masturbation alone, if you masturbate?

- Yes No

D. Sexual Practices with Your Partner(s)

Do you experience orgasm during sexual stimulation with your partner? Please explain, whether yes or no. Yes No

Do you notice that you have the same sexual difficulties with your partner as when you have alone during self-stimulation? Please explain, whether yes or no. Yes No

Do you feel a lack of sexual interest when your partner initiates sex? Yes No

Do you initiate sex with your partner? Yes No

Please describe your current sex drive/libido:

Do you feel (check all that apply):

- your partner knows how to sexually satisfy you
- you know how to sexually satisfy yourself
- comfortable giving direction to get you to feel satisfactorily stimulated or to orgasm
- connected and emotionally intimate with your partner during, before, and after sex
- your sexual communication with your partner is good
- your relationship communication with your partner is good

If you are currently sexually dissatisfied, was there a time when you were happily satisfied with your sexual drive/interest/response/life? If yes, please describe that time, and how you felt then about sex and your own sexuality. Yes No

How would you describe your general happiness level now, both individually, and in your relationship (if you are in a relationship)?

E. Sexual Attitudes, Thoughts, & Beliefs

In a sentence or two, please describe your attitude(s) toward:

Sex _____

Pregnancy _____

Being a parent _____

Being single _____

Being in a relationship _____

Masturbation _____

Oral sex _____

Anal sex _____

Fetishes _____

Alternative sexual positions _____

Orgasm _____

Porn (indicate whether you use porn, and if applicable, why type of porn) _____

Bondage/Discipline _____

Domination/Submission _____

Sadomasochism _____

Mutual masturbation _____

Semen and vaginal lubrication _____

Toys and sex accessories _____

If you would like to learn more about or discuss any of the above topics, please go back and circle those topics.

F. Other

If you are currently in a relationship: does your partner know you are seeking consultation for this issue?

Yes No

If you are currently in a relationship: would you be open to including your partner in the consultation or solution process? Yes No

If you are currently in a relationship: do you think your partner would be open to participating in the consultation or solution process? Yes No

Is there anything else you would like to explain, elaborate on, or reveal, to assist in understanding your issue, problem or question? If so, please describe.

Thank you for completing this form.

Client signature

Date

Therapist signature

Date