



Sacred Center Yoga

Yoga Therapy & Sexual Wellness

Date:

Name or Pseudonym:

Phone:

Email:

occupation:

Age:

How did you hear about my practice?

Yoga Therapy for Sexual Wellness and Somatic Sex Education:

Yoga Therapy for Sexual Wellness is the process of empowering individuals to progress towards improved health and well being through the applications of the philosophy and practice of yoga. Sessions can include coaching in breath, movement, body awareness, boundary-setting, communication, anatomy, sensate focus, massage, erotic trance and other body-based teaching about sexuality. Yoga

Therapy for Sexual wellness is designed to nurture, deepen or awaken the sensual self.

Intention(s) and Goals

Your intention(s) and goals will guide this work. *I am here to support your deepest and highest intention(s) for yourself.* **Please consider and state your deepest intention(s) regarding general wellness, sexuality, spirituality and eros.** In addition, please write down any specific goals that you would like to accomplish during our work together.

General Health Questions

Would you like to explain any specific health problems or challenges in your life?

Tell me a little about your lifestyle? Diet? Exercise program? Do you smoke or drink?

How is your breathing?

How would you describe your energy levels?

How is your stress level?

How do you have fun in your life?

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)?

Sexual History and Information

(Please address only those questions that feel relevant. I assure professional confidentiality. If you want me to work together with your psychotherapist, medical doctor or other health practitioner, I will ask you to sign a release form.)

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

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

Difficult things about my current sexuality/sensuality I want you to know are:

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

On a scale of 0-10, how well do you accept your body as it is? (0 = No acceptance
5 = Moderately accepting 10 = I love and accept my body exactly as it is.)
Add details about your body-image.

Tell me about your intimate relationship/s.

Scars from abdominal surgery, childbirth, trauma and circumcision can affect sexual function. 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.

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

How May I Serve You Best?

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
Learning the anatomy of arousal
Experiencing and learning Tantric techniques
Experiencing and learning Taoist Erotic Massage
Exploring the intersection of sex and spirit
Orgasmic birth coaching
Loss or lack of sexual desire – inside or outside of relationship
Healing female sexual dysfunction, erectile dysfunction, premature ejaculation, inhibited ejaculation
Reconnecting to sex after childbirth, menopause, or prostate surgery

Learning to experience and give a partner extended and multiple orgasms
Deciphering sexual identity
Chronic pelvic pain, vulvodynia, constrictions that inhibit sexual function
Being sexual with a disability
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
Exploring erotic possibilities as a transitioning or transgender person, or someone who wants to play with gender
Addressing troublesome turn-ons, including “pornography addiction” or unwanted fantasies
Learning how to be safely and fully sexual when HIV–positive or with another chronic STD
Learning about or exploring my anus/ anal sex/ prostate massage
self-pleasuring coaching, expanding my self-pleasuring practice
communicating desires
exploring power and surrender as aspects of sex play and pleasure
Other:

Bodywork

As a Sexological Bodyworker, I am trained to do massage and varieties of bodywork that can include genital touch. This touch is offered only at the request of the student, and when deemed appropriate by myself as practitioner. Through erotic touch, sexological bodywork can assist students in developing presence within the body, opening interior awareness, and learning how the body can become more and more alive. I offer experiential learning opportunities that consciously access profound ecstatic and erotic states. If bodywork might be part of your learning experience, please fill in the following information.

Do you have any of the following conditions? (Please circle or **highlight** Y=Yes or N=No):

Pregnant Y / N

Osteoporosis Y / N

Inflammation Y / N

Heart Condition Y / N Arthritis Y / N Diabetes Y / N

Vein or Artery Breathing problems Y / Pain Y / N
Conditions Y / N N

Scars Y/N Epilepsy Y/N Allergies Y/N

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

Are you currently suffering from any physical or emotional symptoms related
to traumatic experience?
Y / N If yes, please explain:

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:

Informed Consent and Agreement

Please initial:

_____ Yoga Therapy and Somatic sex education are not a substitute for
psychotherapy or medical treatment.

_____ I understand that any erotic touch will be given only at my request
and solely for my own benefit, education and pleasure. I agree to guide
Corinne's touch to ensure that it is always beneficial, educational and
pleasurable for me.

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

_____ Corinne does not act as a surrogate partner. She remains clothed during sessions. She uses her hands only to touch her students. She will never become romantically or sexually involved with a student.

_____ Appropriate hygienic protocols will be used, including gloves for internal genital/anal touch.

_____ Drugs and alcohol are not compatible with somatic sex education.

_____ Cancellation Policy: 24 hours notice for cancellations is required or you will be billed for the session. Emergencies are exceptions.

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

Signature

Date _____

After each session, Corinne suggests that you take notes about your experience. Write about practice (what happened), states (what you felt and experienced), and distractions (distracting thoughts or impulses that took away your focus). Send a copy to Corinne. This will support your integration process and provide important guidance for future sessions. Please send to: sacredcenteryoga@gmail.com