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## Intake Form & Guidelines

**Confidential** – For Coaching Use Only

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### GENERAL INFORMATION

- Full Name: \_\_\_\_\_
  - Date of Birth: \_\_\_\_\_
  - Address: \_\_\_\_\_  
\_\_\_\_\_
  - Email Address: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
  - Preferred Method of Contact: ☐ Call ☐ Email ☐ Text
  - Preferred Pronouns: \_\_\_\_\_
  - Profession: \_\_\_\_\_
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### CONCERNS AND GOALS

What are your concerns about your sexuality or relationship(s) right now? Please also describe your goals for our work together:

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Please answer the following questions accurately and honestly. Your responses are confidential and will help guide our work together.

### 1. Relationship Status and History

- Are you currently in a relationship or relationships? ☐ Yes ☐ No
  - If yes, how long have you been in that relationship or those relationships?  
\_\_\_\_\_  
\_\_\_\_\_
- Are you currently married? If so, for how long?  
\_\_\_\_\_
- Do you live with any of your partners? \_\_\_\_\_
- Is your relationship monogamous? \_\_\_\_\_
- If you are in multiple relationships, please explain further. For example, are you polyamorous? Are you in the “lifestyle”? An open marriage? Do you characterize the relationships as primary or secondary? Perhaps a “friend with benefits”? Or an affair partner?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- How often (approximately) do you and your partner(s) have sexual interaction?  
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\_\_\_\_\_  
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- Describe any feelings you may have about having sexual interaction with your present or possible sexual partner(s):

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- Do you have children? ☐ Yes ☐ No
  - If yes, with a current partner? ☐ Yes ☐ No

- Have you had previous significant relationships? ☐ Yes ☐ No
  - If yes, how many? \_\_\_\_\_

Please describe your previous significant relationships, including duration and whether or not you were married, whether you lived together, had children together, etc.

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## 2. Sexual Orientation and Gender Identity

- How would you describe your sexual orientation and/or identity?
- How would you describe your gender identity?
- Are your partners typically of the same, opposite, or multiple genders? Feel free to explain further below.

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### 3. Health Background

- Are you currently seeing a therapist, psychologist and/or psychiatrist? ☐ Yes ☐ No
- If yes, please describe further how often, any particular concerns, successes, etc., to the extent you are comfortable:

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- Do you have any medical or physical conditions that may affect your sexuality or your physical health?

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- List any medications you take:

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- How often do you drink alcohol?

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- Do you smoke tobacco? If so, how often?

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- Do you use marijuana or cannabis? If yes, how often?

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- Any other drug use that you think may be relevant to your sexuality?
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#### **4. Childhood/Adolescence**

*For each of the below, please describe:*

- Your first awareness of sex.

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- Your best memory from childhood or adolescence related to sexuality.

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- Your worst memory from childhood or adolescence related to sexuality.

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- Your first “sex” experience: it can be masturbatory, sexual intercourse, or shared touch with another person in a sexual way.

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### 5. Masturbation, Orgasm, Fantasy, and “Turn-Ons”

- What have been your experiences with experiencing orgasm? Alone? With a partner?

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- What have been your experiences with self-pleasuring or masturbating yourself?

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- What is your present pattern and frequency for self-pleasuring/ masturbation?

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- How often do you think about or desire to have sex?

\_\_\_ 1x/ day \_\_\_ more than 4x's/day \_\_\_ 1x/ week \_\_\_ more than 4x's/ week  
\_\_\_ less than 4x's/ month

- Check below any of these which are sexual “turn-on’s” for you:

\_\_\_ erotica audio/video  
\_\_\_ message for release  
\_\_\_ Porn (pre-recorded)  
\_\_\_ Internet porn (live)

- \_\_\_ prostitutes /sex workers
- \_\_\_ cross-dressing
- \_\_\_ exotic dance clubs
- \_\_\_ phone sex
- \_\_\_ online sex chats or cam sessions
- \_\_\_ online or cybersex with others
- \_\_\_ BDSM play
- \_\_\_ swinging clubs/parties/lifestyle
- \_\_\_ voyeurism
- \_\_\_ exhibitionism
- \_\_\_ “dirty talk”
- \_\_\_ romance novels/reading erotica
- \_\_\_ thinking about past lover(s)
- \_\_\_ thinking about future lover(s)
- \_\_\_ sex with a stranger
- \_\_\_ fantasies (with or without acting on them)
- \_\_\_ role play (not BDSM)
- \_\_\_ blind dates (anticipation)
- \_\_\_ using a sexual nickname (write here:\_\_\_\_\_)
- \_\_\_ using a sexual nickname for your genitals (write here:\_\_\_\_\_)
- \_\_\_ writing erotica
- \_\_\_ paid live erotic entertainment (i.e., strip clubs)
- \_\_\_ a good fight with partner
- \_\_\_ dressing up for sex
- \_\_\_ strip tease by your partner
- \_\_\_ strip tease for your partner
- \_\_\_ seeing partner naked
- \_\_\_ viewing partner’s genitals and/or breasts
- \_\_\_ watching your partner masturbate
- \_\_\_ masturbating for your partner
- \_\_\_ bathing, showering or tubbing together
- \_\_\_ laughter
- \_\_\_ giving or getting chocolates
- \_\_\_ giving or getting flowers
- \_\_\_ drinking or recreational drugs before sex
- \_\_\_ food or fine dining
- \_\_\_ a romantic environment
- \_\_\_ the smell of your lover (natural or colognes, etc.)



- \_\_\_ background music playing
- \_\_\_ sensual touch
- \_\_\_ getting a massage before sex
- \_\_\_ giving a massage before sex
- \_\_\_ casual hand-holding and affectionate touch
- \_\_\_ deep kissing
- \_\_\_ breast stimulation
- \_\_\_ oral-genital stimulation on partner
- \_\_\_ oral-genital stimulation on yourself
- \_\_\_ oral-anal stimulation on partner
- \_\_\_ oral-anal stimulation on yourself
- \_\_\_ penis-in-vagina penetration
- \_\_\_ penis-in-anus penetration
- \_\_\_ fetish or kink play
- \_\_\_ public sex (in cars, etc.)
- \_\_\_ manual touch on your genitals
- \_\_\_ manual touch on your partner's genitals
- \_\_\_ feeling love for your partner
- \_\_\_ feeling loved by your partner
- \_\_\_ spiritual union with your sexual partner(s)
- \_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
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- Describe anything that may be a “turn-off” for you (or anything you perceive as a limitation to or of your sexuality and its expression):

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## 6. Thinking About Yourself as a Sexual Being

- How would others describe you as they see you on the outside? Who are you as a sexual being on the inside?

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- What makes you feel sexy? Where does your sexiness come from?

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- Describe your future sexual self (who do you want to be as a fully realized sexual being?)

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- What's on your sexual bucket list (i.e., your "Fuck It List") of things, people, places and experiences to explore before you die?

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## GUIDELINES

### 1. What is sex coaching?

Sex coaching is a mix of the following and is NOT therapy. It is its own form of promoting sexual wellness:

- Personalized sexuality information and education
- Re-directive cognitive processes and mental reframing
- Emotional balancing
- Intuitive guidance
- Behavioral training
- Resources and referrals

Sex coaching involves ALL of the parts of YOU as an entire person. This includes:

- **Mind:** Information. Your “self-talk,” thinking about sexual performance, capacity for fantasy, troubling thought patterns, such as compulsivity.
- **Emotions:** Feelings. Feelings that you carry from the past, about your body and body image, what you suppress and express, how you express your emotions, and your capacity for intimacy.
- **Body and body image:** Physical. Knowing how your own sexual pattern works, understanding your own body's sexual architecture and function, acknowledging your own sexual (dys)functions, learning skills for how to be a successful lover alone or with a partner.
- **Energy:** Sex is all about energy! The build-up, the containment and the expression of energy. My work involves providing feedback on this often-overlooked aspect of sexuality.
- **Spirit:** The essence of self. Esoteric moments or practices that transcend the moment, such as peak orgasm experiences; sacred sexuality; the more subtle and delicate manner in which people deny or reflect their inner self through sexuality; the path of sex to experience the Divine or God (if that is your goal and/or aligns with your personal belief systems).

### 2. My Responsibilities and Commitment to You

- Strict confidentiality.
- I will never judge or shame you for anything you share with me. This is a completely safe space.
- I will always treat you with respect and kindness.
- I will guide, direct, and protect you from harm.
- I will empower you to attain your goals.

- I will empower you to overcome any sexual concerns you may have or fear.
- I will help you reach your sexual/relationship goals and work with you together as a team to find results that satisfy you.
- I will always be on time for our appointments or will let you know as soon as practicable if I am running late for any reason.

### **3. Your Responsibilities and Commitment to Coaching**

- You will be honest and authentic with me. You will share your truth.
- You will provide comprehensive information about your sexual history and relationships.
- You will be prepared for our sessions together.
- You will try your best to complete any home assignments in between our sessions.
- You will be on time for your scheduled appointments.
- If you need to change or cancel your appointment, you will do so by providing at least 24-hour notice (with the rare exception of emergencies). A pattern of untimely cancellations will be met with cancellation fees and/or termination of our coaching relationship.
- You will timely pay for your appointments.
- Unless you have opted for the concierge package described below, you agree that emails and text messages are strictly for administrative purposes only (i.e., difficulties with payments, scheduling appointments, modifying appointments, etc.).
  - Please, however, keep a journal or log of all of your thoughts, feelings, observations, and work on assignments, for in between sessions, which we can discuss at the beginning of our next appointment.

### **4. Fees**

- Fees are set at \$200/hour for individuals and \$250/hour for couples for sessions via zoom, phone, or in-person. Payment is due no later than 3 business days after a session. Zelle and Venmo are both accepted. I also offer prepayment and concierge packages as follows:
  - Concierge Package: Includes up to 6 sessions in a month, plus unlimited emailing and texting: \$1,500/month.
  - Prepayment Package: If you prepay for 4 sessions, you will receive a 5<sup>th</sup> session free.
- THERE ARE ABSOLUTELY NO REFUNDS UNDER ANY CIRCUMSTANCES.

## 5. LIMITATION OF LIABILITY AND RELEASE

By participating in sex and relationship coaching sessions, programs, or services offered by Amy Terwilleger and Authentically Amy Coaching, LLC d/b/a Confident Connections, you acknowledge and agree that coaching is a professional, collaborative relationship intended to support your personal growth, self-awareness, and relationship goals. Coaching is not a substitute for medical, psychological, psychiatric, or legal advice, diagnosis, or treatment. You understand that all decisions and actions in your relationships and sexual health are your own responsibility. To the fullest extent permitted by law, you voluntarily release, discharge, and hold harmless Amy Terwilleger and Authentically Amy Coaching, LLC d/b/a Confident Connections, and any affiliated parties, from any and all claims, liabilities, or damages—known or unknown—arising out of or in connection with your participation in coaching services. Amy Terwilleger and Authentically Amy Coaching, LLC d/b/a Confident Connections shall not be liable for any direct, indirect, incidental, or consequential damages resulting from the coaching relationship, including decisions you make based on coaching guidance.

*Finally, this type of work can be transformational for your whole life, not just your sexuality. By trusting the process and allowing me to be your guide, you will grow, learn and become a more empowered person, I assure you. Thank you so much for choosing me as your sex and relationship coach. It is my honor and privilege to do this work. I am thrilled that we are going down this path together.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_