

Sex Retreat Questionnaire

PERSONAL HISTORY

Name: _____

Age: _____ Birth date: _____

Partner's Name: _____

Age: _____ Birth date: _____

Home Phone: _____ Business Phone: _____

Cell phone: _____

Address: _____

City/State/Zip: _____

Email: _____

Emergency contact: _____

Marital Status:

Married Single/living together Separated

How long in the relationship together: _____

If you have children, please indicate the Child(ren's) Age(s): _____

Whom presently lives in the household? Are there any particular problems or difficulties in this situation? Please describe _____

RETREAT INFORMATION

Date: 1st choice _____ 2nd choice _____

Type: Group Retreat _____ Individual Retreat _____ Follow-up Retreat _____

Have you ever been to Outer Banks before: _____ yes _____ no

Would like help finding accommodations: _____ yes _____ no

Please complete questions for each individual separately (There are two sets included)

Individual 1 Name _____

IF QUESTION DOES NOT APPLY, PLEASE TYPE "NA"

Please describe the reasons you would like to attend a Sex Retreat. Include the struggles you are experiencing.

Are you currently receiving or have you had previous counseling? If yes, please describe the type of counseling when, and where. Would you describe this experience as helpful? If not, please explain.

Have you previously attended a Sex Retreat? If so, please describe the type of retreat, when, and where. Would you describe this experience as helpful (if not, please explain)?

BACKGROUND INFORMATION FOR INDIVIDUAL

Describe the relationship with your family (the family you grew up with). How were problems resolved? Was there any history of physical or sexual abuse?

Describe major or traumatic events or disruptions in the family during your childhood.

MEDICAL AND PHYSICAL INFORMATION

Please list all medications you are currently on if any. Prescription(s) and purpose(s).

Please check the following if applicable:

Heart Problems: Past Current Comments:

Diabetes: Past Current Comments:

Hypoglycemia: Past Current Comments:

Epilepsy: Past Current Comments:

Hepatitis A,B,C: Past Current Comments:

Allergies: Past Current Comments:

Erectile Dysfunction: Past Current Comments:

Sexual Dysfunction: Past Current Comments:

Other: Past Current Comments:

Are you currently under a physician's care for medical problems? If so, please explain.

RELATIONSHIP INFORMATION

Is your relationship supportive? Please describe.

Describe your past and current sex life.

Please list problems that we need to be aware of in order to properly care for you should a problem arise during the retreat. Include special dietary needs, etc.

Do you presently have a problem with alcohol or substance abuse? _____ yes _____ no
If so, how long ago and how was it addressed?

Please describe any learning disabilities or struggles that might interfere with your retreat experience or that you may need extra help with.

EMPLOYMENT

What is your occupation? If you think it would be helpful please include any other employment history details.

RELIGIOUS AND SPIRITUAL INFLUENCES

Denominational preference and background.

SUMMARY

What goals do you have regarding the outcome of the retreat?

Individual 2 Name _____

IF QUESTION DOES NOT APPLY, PLEASE TYPE "NA"

Please describe the reasons you would like to attend a Sex Retreat. Include the struggles you are experiencing.

Are you currently receiving or have you had previous counseling? If yes, please describe the type of counseling when, and where. Would you describe this experience as helpful? If not, please explain.

Have you previously attended a Sex Retreat? If so, please describe the type of retreat, when, and where. Would you describe this experience as helpful (if not, please explain)?

BACKGROUND INFORMATION FOR INDIVIDUAL

Describe the relationship with your family (the family you grew up with). How were problems resolved? Was there any history of physical or sexual abuse?

Describe major or traumatic events or disruptions in the family during your childhood.

MEDICAL AND PHYSICAL INFORMATION

Please list all medications you are currently on if any. Prescription(s) and purpose(s).

Please check the following if applicable:

Heart Problems: Past Current Comments:

Diabetes: Past Current Comments:

Hypoglycemia: Past Current Comments:

Epilepsy: Past Current Comments:

Hepatitis A,B,C: Past Current Comments:

Allergies: Past Current Comments:

Erectile Dysfunction: Past Current Comments:

Sexual Dysfunction: Past Current Comments:

Other: Past Current Comments:

Are you currently under a physician's care for medical problems? If so, please explain.

RELATIONSHIP INFORMATION

Is your relationship supportive? Please describe.

Describe your past and current sex life.

Please list problems that we need to be aware of in order to properly care for you should a problem arise during the retreat. Include special dietary needs, etc.

Do you presently have a problem with alcohol or substance abuse? _____ yes _____ no
If so, how long ago and how was it addressed?

Please describe any learning disabilities or struggles that might interfere with your retreat experience or that you may need extra help with.

EMPLOYMENT

What is your occupation? If you think it would be helpful please include any other employment history details.

RELIGIOUS AND SPIRITUAL INFLUENCES

Denominational preference and background.

SUMMARY

What goals do you have regarding the outcome of the retreat?

This is the end of the questionnaire. Please send it to me either by email to retreats@lknsextherapy.com
Or you can Fax it to 206-350-6056. If you have any questions, feel free to email me.