

The Spiritual Sexologist New Client Intake Form

TODAY'S DATE: _____

Your Information

Your Name: _____

Your Age: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Business Phone: _____

Mobile #: _____

Email Address: _____

Other Additional Phone #(s): _____

Profession: _____

Number Years Married to Current Spouse: _____

Children's Names and ages: _____

Previous Marriage(s) & length of Marriage(s): _____

How Did You Initially Hear About My Work?

Family Issues

Please identify whether you, your spouse, or your Children deal with any of the issues below:

ISSUE	YOU	SPOUSE	CHILDREN
ANXIETY			
DEPRESSION			
DRINKING			
SUBSTANCE ABUSE			
GAMBLING/SPENDING			
ANGER			
PHYSICAL HEALTH			
WORKAHOLISM			
SEX ADDICTION			

The Spiritual Sexologist Client Agreement

I am delighted that you (“you” or the “Client”) have chosen to receive Relational Intimacy coaching from me, Christopher Smith / The Spiritual Sexologist (“I,” “me” or the “Practitioner”). This Client Agreement (the “Agreement”), will describe the relationship between you and me with respect to the services that I will be providing to you.

Relational Intimacy Coaching

My methods for working with you as an individual or as a couple are detailed on my website at www.TheSpiritualSexologist.com/approach. I use a combination of three disciplines: Relational Life Therapy, Somatic Sex and Intimacy Coaching, and Sacred Tantra.

Some of the methods used during Relational Intimacy coaching involves tapping into the wisdom contained in both your mind and your body to affect positive change using somatic methods. Somatic (body-based) methods differ from other therapy in that they emphasize your connection to your body. It also emphasizes the importance of experiences (as opposed to thoughts) as the central vehicle towards deeper freedom and choice. During our work together, there will be times when I may invite you to experiment with yourself, your partner and with me around emotions, touch, intimacy, and connection. All of these experiments are in service of you having a deeper understanding of your own internal process. Touch is only used with your permission, and you have the right to stop or change AT ANY TIME, for any reason, any touch or experience in which we are engaging. I will respond to your request respectfully and without question.

While the focus of our work together is the improvement of your relational lives, there may be other areas of your life (i.e. work, school, family history, intimacy, etc.), which inform your relational well-being so we may need to discuss these and other realms in order to help you move through relationship and intimacy blocks. I am NOT a licensed psychotherapist and am not required to be licensed in order to practice relationship and intimacy coaching in Texas. If you require support that is outside of the scope of my practice, I may refer you to a licensed therapist or other practitioner.

The Practitioner and the Client hereby agree as follows:

1. Fees

Typical sessions range from 90 minutes for couples or individual coaching, to 2-3 hours for more in-depth somatic or tantric healing sessions, and the current fee for each session is listed on my website at www.TheSpiritualSexologist.com/services. Custom length sessions, as agreed-upon by mutual consent, can be arranged on a pro-rated basis. Fees are periodically adjusted at the beginning of a new calendar year. You will be informed in advance of any fee increases. If for any reason you are unable to continue paying for services, please let me know in advance and I will help you consider options that may be available to you.

I also offer discounted pre-payment for a bundle of sessions. Please see my website for more information about bundled discounts that may be available at this time.

2. Payment Policies

Session deposits are before the time of each session with the remaining balance due at the completion of our visit. I accept cash, Paypal, and Venmo payments, unless other arrangements have been made. Session deposits made at the time of booking are non-refundable. Please note that I am not part of any in-network insurance panels, and you should not expect any of the services to be covered or reimbursed by insurance or through a flexible spending account. You assume full responsibility for and agree to pay all costs, charges, and expenses for services rendered under this Agreement.

3. Cancellation and Late Appointments

In order to cancel or reschedule an appointment, please notify me at least **24** hours in advance of your appointment in order to reschedule. You understand that sessions that begin late due to delays on your part may not be extended due to other appointments. Sessions may be canceled, and any deposit forfeited, if you are more than 15 minutes late to the scheduled session.

As a courtesy, I will attempt to provide 24 hours' notice to clients if I need to cancel a session. If I need to cancel, I will offer to reschedule with you and transfer any deposits to your new appointment time or provide you with a full refund.

4. My Availability; Emergencies

Telephone and email contact in-between sessions for scheduling purposes is welcome. If you want to call or email about a specific issue, I will attempt to keep those contacts brief due to the belief that important issues are better addressed within regularly scheduled sessions. I may need to communicate with you by telephone, email, mail or other means. Please be sure to indicate your preferences and let me know if you have any restrictions.

In the event of a medical emergency or an emergency involving a threat to your safety or the safety of others, please call 911 to request emergency assistance.

5. Professionalism and Confidentiality

The relationship between you and me is a professional relationship which means that all interactions will stay within the boundaries of the methods I use and the boundaries of pre-scheduled session times. While I am bound legally to report any potential harm to you or a minor, during our first session I will cover other specifics of how confidentiality is handled so that you may ask any questions. All of our work together is done with your explicit consent, and you will always have the right to "opt-out" of any practice or request.

In addition, I am a professional member of the Association of Somatic and Integral Sexologists (ASIS) and adhere to their ethical guidelines which can be found here: [Code of Ethics and Code of Conduct](#).

I know relationship and intimacy related issues can be very personal and I want to assure you that I will attempt to hold your identity and information related to our work together in confidence to the fullest extent possible by law.

6. Health; Consent to Treatment

By booking a session, you voluntarily consent to coaching, treatment or evaluation performed by me. This consent for treatment is valid for all services that are provided from the date of our first session until services are terminated. You understand that you can revoke this consent for treatment at any time by email to chsmith8094@gmail.com.

You represent that you are physically and mentally sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent you from receiving the services or that would risk your health or well-being while receiving the services. You agree to notify me of any changes in mental or physical health or life circumstances that may affect your treatment.

7. Assumption of Risk; Limitation of Liability

You certify that you voluntarily agree to receive these services. You understand and acknowledge that relationship and intimacy coaching by their very nature, carry with them certain inherent risks that cannot be eliminated. You understand and acknowledge that, regardless of the care taken by Practitioner, I/Practitioner cannot guarantee your safety, health or well-being, or any specific results. You expressly assume and accept sole responsibility for your health and safety and for any and all injuries that may occur. You understand that you must inform Practitioner of any medical or psychological conditions, medications or other factors that may affect your ability to safely receive the services.

You agree that to the fullest extent permitted by law, Practitioner shall not be liable to you for any injury, harm, loss or damage that you may suffer as a result of your receiving the services or of any activity contemplated by this Agreement. You hereby agree to waive any claim against Practitioner for any injury, harm, loss or damage that you may suffer as a result of your receiving the services or of any activity contemplated by this Agreement.

8. Treatment Refusal/Termination

You acknowledge that at any time you can suspend or refuse to implement any and all recommendations or instructions made by me. You agree to take responsibility for and keep all of your own physical and emotional boundaries within sessions and immediately inform me if anything is happening in the session that makes you feel uncomfortable.

The ongoing commitment to the relationship between you and me will always be treated with utmost importance and I will make every effort to maintain a mutually healthy working relationship and ask you to do the same. That being said, either you or I are free to terminate this agreement at any time for any reason. If you would like to continue coaching or start some form of therapy elsewhere, I will make every effort to assist with transitioning to a different service Practitioner and/or coordinating treatment with them at their request.

9. Acknowledgement

You acknowledge that you have carefully read this Agreement and understand that includes a complete and absolute release of liability. You agree that you have knowingly agreed to receive the services and that you have been given an opportunity to ask questions regarding the Agreement and the services.



Christopher Smith
Practitioner

Name:
Client

Name:
Client