



# Lotus Love Tantra Intake Form

Welcome to my Practice. Thank you for taking the time to complete this Intake Form. Please note: this Intake Form, any and all emails, texts, phone calls, session work, and even the fact that you are a client are held as confidential, except for supervisory purposes, in which case your personal details are not shared to protect your anonymity.

How to complete this Intake: Answer all of the questions. Respond to the questions as though you are writing in your journal or speaking to your best friend. There are no right or wrong answers, simply what is true for you at this time. Do not overthink your responses. The more honest you can be and the more genuine your disclosure, the more I am able to help you. Thank you for sharing yourself with me. It is my honor and privilege to get to know you.

**Name** **Today's Date**

**Date of Birth** **Place of Birth**

**Current Address**

**City** **State** **Country** **Zip Code**

**Email** **Phone**

**Preferred method of communication (Phone, Email, Text) outside of session and best times to reach you:**

**Emergency Contact** **How did you find/hear about me?**

**What is your current work/school situation?** **Occupation?**

**Genital Anatomy at Birth:** **Female** **Male** **Current Genital Anatomy**

**Gender Pronoun/Identification:** **She/Her** **He/Him** **They/Them** **Other**

**How do you describe your gender identity?**

**How do you describe your current relationship status?**

**What is your sexual preference?**

**Have you been vaccinated for COVID 19?** **Yes** **No** **Boosted?** **Yes** **No**

**Are you willing to make and keep agreements around your exposure for five days prior to our session work?**

*This means masking in public and masking when you are indoors with others unless you are fairly certain they have not been exposed to Covid, regardless of whether you have been vaccinated or not. This may also (but not necessarily) include Covid testing as part of our pre-session protocol. This is to protect my health, which is vulnerable to Covid and could have lifelong detrimental consequences for me. It is also to protect all of my clients as this work is not socially distanced and because of the nature of the work and the breath practices we use, masking during session is not possible. I understand that this requires a high level of commitment. Please be honest with yourself and with me. Thank you for your understanding.*

Yes

No

**Do you have any environmental allergies or sensitivities (not food but animals, pollen, scents, etc.)?**

**Briefly describe your relationship with your family - father, mother and any siblings (if any are deceased, please comment on the relationship prior. EX: Healthy or Challenging):**

Father

Mother

Siblings

Other

**Do you have children?                      Yes                      No**

If so, please list their names, ages, and briefly describe your relationship with each.

**Are you currently in a relationship?**                      Yes                      No

**If so, how is this relationship for you? Please briefly describe your relationship dynamics (Past and Present)**

                    Happy and Harmonic                      Content                      Challenged                      In Trouble

**Does your partner know you are contacting me?**                      Yes                      No

**Are they open to Tantra?**

**What inspired you to contact me?**

**What is your prior relationship experience?**

**Do you see any recurring patterns?**

**Anything else I need to know about your current or past intimate relationships?**

**Describe your current physical and sexual health, including how you take care of your physical and sexual health generally.**

**Do you have any physical injuries or limitations?**                      Yes                      No

**Any recent surgeries?**                      Yes                      No

If yes please list/describe:

**Anything I should know about your physical body?**

**Are you currently on or have you recently been taking ANY medication for a physical condition?**

Yes                  No

**Please list any medications that you are currently taking or have taken for longer than six months, including your dosage and when you discontinued them if you no longer take them.**

| <b>Drug</b> | <b>Dosage</b> | <b>Date Begun</b> | <b>Date Stopped</b> |
|-------------|---------------|-------------------|---------------------|
|-------------|---------------|-------------------|---------------------|

**Have you ever been diagnosed with clinical depression or any other mental health condition?**

Yes                  No

**If yes, have you been prescribed medication?**                  Yes                  No

**Please include these in the list above**

**Do any medications you're taking affect your libido?**

**Have you had any history or current known exposure or occurrence of STD/I's?**                  Yes                  No

**When was the last time you were tested and what were the results?**

**What is your experience with therapy and/or meditation? What types and for how long? Describe any regular or daily practices you currently have.**

**Do you have any known history of emotional, mental, physical, or sexual abuse?**                  Yes                  No

*If yes, please share as much here as you feel comfortable sharing.*

**Have you had or do you have an addiction?**                     Yes                     No

**If yes what?   How have you addressed and/or denied it?**

**What traumas/difficulties/challenges did you experience in your childhood/teens and as an adult?**

**Have you ever or do you currently experience periods of lack of motivation, feelings of hopelessness and/or low energy?**                     Yes                     No

**Have you ever done yoga?**                     Yes                     No

**If yes, what kind?   Please describe your practice if you have one:**

**Please describe your understanding of and any personal experience with Tantra:**

**What is your religious background and your current spiritual beliefs?**

**Do you have any background in meditation, physical or spiritual disciplines?**                     Yes                     No  
**Please describe:**

**Please circle the type of orgasms you have experienced with Yourself:**

Clitoral                  Vaginal                  Cervical                  Blended (Clitoral and Vaginal at the same time)  
Ejaculatory Men                  Ejaculatory Women ("Amrita")                  Anal                  Prostatic  
Full Body                  Multiple                  G-Spot/Sacred Spot

**Please circle the type of orgasms you have experienced with a Partner (both for yourself and what did your partner experience?)**

Clitoral                  Vaginal                  Cervical                  Blended (Clitoral and Vaginal at the same time)  
Ejaculatory Men                  Ejaculatory Women ("Amrita")                  Anal                  Prostatic  
Full Body                  Multiple                  G-Spot/Sacred Spot

**Have you ever experienced Sacred Spot Massage or "G-spot Massage"?**                  Yes                  No

**What do you usually say, do, or feel when you orgasm?**

**Describe your relationship to self-pleasuring (masturbation):**

Please rate how you feel in the following areas of your life (5=extremely comfortable/nothing you wish to change, 1=extremely uncomfortable/an area you're wanting to focus on). Feel free to add comments to flesh out your answers if you wish:

1. **Emotional Health**
2. **Mental Health**
3. **Personality/ego**
4. **Creativity/purpose**
5. **Relationships with others**
6. **Finances/abundance/prosperity**

7. **Body/sexuality**
8. **Spirituality**
9. **Recreation/play/fun**
10. **Community/sense of belonging**

**Are there any other areas in your life in which you experience challenge or desire to learn or grow?**

**Is there any area where you feel something is missing for you in your life or anything that you long for or desire to learn?**

**What kind of exploration or desired outcome are you hoping to achieve in your session(s)?**

**What recurring issues and challenges are coming up in your life that you would like to address?**

**When are you available for sessions (Morning, Afternoon, Evening, Weekdays, Weekends)?**

**When would you like to meet for our first session?**

**Is there anything you would like me to know that was not asked here?**

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*Thank you for your genuine disclosure. I look forward to exploring how we can work together. Once I have received your intake form, I will be in touch to schedule an introductory phone consultation or our first session.*

*Sincerely,*

*Ann Vajradakini*