

## Client Information Form

The information below is an important part of your initial one-to-one session. The more details you provide, the more effective and focused your session will be. Please tick all boxes that apply and feel free to include any additional information you feel is relevant.

If there are any questions you prefer not to answer, we can discuss them during your session.

Once completed, please save the form and return it to us at [learn@northhampshireclinic.co.uk](mailto:learn@northhampshireclinic.co.uk) at least 24 hours before your session. All information you provide will be handled with the strictest confidentiality

Full Name*	
Address (inc postcode)	
Email Address*	
Mobile Phone Number	
Preferred Contact Method	<input type="checkbox"/> Email <input type="checkbox"/> Phone Call <input type="checkbox"/> SMS/Text <input type="checkbox"/> Whatsapp
Preferred Pronoun	<input type="checkbox"/> She / Her <input type="checkbox"/> He / Him <input type="checkbox"/> They / Them <input type="checkbox"/> Other – please give details
Age	
Gender – How do you identify?	<input type="checkbox"/> Female/Woman <input type="checkbox"/> Male/Man <input type="checkbox"/> Non-Binary <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Other – please give details

Which of the following best represents your sexual orientation?	<input type="checkbox"/> Asexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual (Straight) <input type="checkbox"/> Lesbian <input type="checkbox"/> Pansexual <input type="checkbox"/> Queer <input type="checkbox"/> Other – please give details
Do you consider yourself to be transgender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your current relationship status?	<input type="checkbox"/> In a relationship (20+ years) <input type="checkbox"/> In a relationship (11-19 years) <input type="checkbox"/> In a relationship (6 – 10 years) <input type="checkbox"/> In a relationship (1 – 5 years) <input type="checkbox"/> New relationship (less than a year) <input type="checkbox"/> Single – looking for a relationship <input type="checkbox"/> Single – NOT looking for a relationship <input type="checkbox"/> Other – please give details
Do you have children?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Under the age of 18 <input type="checkbox"/> Yes – Over the age of 18
Do you:	<input type="checkbox"/> Smoke <input type="checkbox"/> Drink Alcohol <input type="checkbox"/> Take recreational drugs

Please give details of all prescribed medication	
Please tell us what method of contraception you use	

<p>What can we help with? * Tick all that apply.</p> <p>You can put more detail in the box below if you'd like to.</p>	<input type="checkbox"/> Relationship Issues / Partner dynamics <input type="checkbox"/> Erection Issues <input type="checkbox"/> Ejaculation Issues <input type="checkbox"/> Orgasm Issues <input type="checkbox"/> Painful Sex <input type="checkbox"/> Fear of Sex/Intimacy <input type="checkbox"/> Low Desire/Hyposexual (low interest in sex/intimacy) <input type="checkbox"/> High Desire/Hypersexual (high interest in sex/intimacy) <input type="checkbox"/> Compulsive Sexual Behaviour (porn, sex, masturbation) <input type="checkbox"/> I need some sex education <input type="checkbox"/> I want to improve my sex life and discover more pleasure <input type="checkbox"/> Other – please give more details below.
<p>More Details</p>	
<p>How does sex make you feel? Choose as many as you like</p>	<input type="checkbox"/> Fearful/Anxious <input type="checkbox"/> Ashamed <input type="checkbox"/> Embarrassed <input type="checkbox"/> Guilty <input type="checkbox"/> Disgusted/Nauseous <input type="checkbox"/> Stressed <input type="checkbox"/> Sore/physically uncomfortable <input type="checkbox"/> Depressed <input type="checkbox"/> Excited <input type="checkbox"/> Loved <input type="checkbox"/> Happy/Content <input type="checkbox"/> Other – please give more details below
<p>Any further information you'd like to tell us</p>	

### Our Commitment

We confirm that we hold Public Liability and Professional Indemnity Insurance for all services we provide.

Our sessions are strictly confidential and are never recorded or shared with third parties unless we have prior written consent or are legally required to do so for public safety reasons.

### Declaration / Your Commitment

- I confirm that I am over 18\*
- I understand that the effectiveness of any therapeutic and/or coaching sessions relies on my willingness to actively engage, collaborate, and invest in the process. My personal commitment to openness and self-reflection will play a key role in achieving the best possible outcomes.\*
- I acknowledge that for our sessions to be productive, I need to be fully present and focused. This means ensuring that I am in a quiet, private environment where I feel comfortable speaking openly without distractions. Please refer to our guidelines for online video calls to help create the best possible setting for our sessions\*.
- I acknowledge that the advice and guidance provided by North Hampshire Clinic and its associates during psychosexual therapy and coaching sessions are for informational and educational purposes only. I understand that these sessions do not constitute medical treatment or a substitute for professional medical or psychological care. By participating, I voluntarily release North Hampshire Clinic and its associates from any liability for any negative or ill effects resulting from the sessions.\*

Signed:  
Please type  
your name

Dated:

Please now save the form and attach it to an email to [learn@northhampshireclinic.co.uk](mailto:learn@northhampshireclinic.co.uk) at least 24hrs before your Session. Thank you.