



SEXUAL HISTORY FORM

Name _____

Age _____ DOB ____ / ____ / ____

Where were you born? _____

Age of parents at birth: Father _____ Mother _____

Are parents living or deceased? _____

Siblings? _____ Age _____
 _____ Age _____
 _____ Age _____
 _____ Age _____

Others who lived in the home? (Name and relationship)? _____

Religious History (family and personal) _____

Role of spirituality (family and personal). _____

Which parent are you most like? _____
In what way? _____

Which parent are you most different from? _____

In what way? _____

What was parent's relationship like? _____

How was sexuality discussed in the home while growing up? _____

Availability of information? _____

Were both parents open and accessible to questions? _____

Have you ever had a same gender sexual encounter/relationship? _____

Sexual fantasies? _____

Relationship fantasies _____

What does it mean, to you, to be in love?

What are your expectations about being in love? _____

Does it include having sex? _____

Pre-marital? _____

Post marital? _____

Post divorce? _____

Body Image: Like/dislike own body? _____

Change or improve areas _____

How does partner/spouse/lover view your body? _____

What atypical/unusual sexual activities have you engaged in? _____

Anything about your sexual behavior/history that I would need to know?

Most pleasurable aspects of sexual life?

Least pleasurable aspects of sexual life? _____

What role did affection play in the family? _____

What kind of sex games were played as a child? _____

What were the consequences? _____

What role did drugs/alcohol play in your family while growing up? _____

When did you first have enjoyable sensations around your genitals? _____

How did you know you were different from boys/girls? _____

Recall unwanted/unpleasant sexual experiences in childhood or adolescence? _____

When did you first learn about sex? _____

At what age? _____ From whom? _____

When did you first learn about menstration/nocturnal emissions? _____

How did having this information/or not having it impact your life? _____

When did you start dating? _____

Family rules about dating? _____

Age first engaged in sexual behavior? _____

Age first engaged in intercourse? _____

Age first engaged in homosexual sex? _____

Observed by anyone? _____

What is the level of your drug and/or alcohol use? _____

Have you ever engaged in unwanted sexual activities? _____

What lead(s) you to do so? _____

Past or current extra-marital relationships? _____

If yes, does your partner know about these relationships? _____

How do you talk about sex with your partner? _____

Under what conditions? _____

Number of children? _____ Do you desire children/more children? _____

How has having children impacted your relationship? _____

Job/career choice? _____

How well do you manage stress? _____

What brings you to therapy now? _____

Any Medical conditions that impact you sexual life? _____
