



Hello Dear One,

First of all, thank you so much for sharing and trusting me with your personal information and sharing some of your stories. Second, I know that sometimes it can be hard and may even trigger things, as one writes down and elaborates about the past and the things that have happened/are happening to us. Know that this is part of our Journey together, and also know that all is welcome here, and that you will be heard, seen and honored. Our time together is sacred, and my space is a safe space for you and all you bring to the table.

So please take your time writing down the answers of the intake. Some are short, some require a bit more thought and also time to process the answer. **In other words, grab a cup of tea, put on some sweet music, and then over the next few days, feel free to write down what you can.** If you like to talk more about some issues, instead of writing it all down, that is totally fine. Just add 'will elaborate more during intake' and we will discuss it then.

So for now, until we meet!

*Esther from Pelvic Balancing.*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB : \_\_\_\_/\_\_\_\_/\_\_\_\_

**A: Your request for help:**

1. What is/are the main reason(s) for your wish to have IPT® sessions?

---

---

---

---

---

2. And what do you hope to achieve with the sessions?

---

---

---

---

---

**B. General background:**

1. Briefly describe your life course (in catchwords or extended - think: upbringing/school/career/job/where you're at now)

---

---

---

---

---

---

---

---

2. How would you describe your relationship with your family (mom/dad/siblings)?

---

---

---

---

---

---

**C: Personal situation:**

1. What is your relationship status?

---

2. If you are in a relationship, is it stable/does it feel stable to you?

---

---

3. Do you have 1 partner or more?

---

4. What do you do for work and are you happy with your job?

---

---

---

**D. General information:**

1. What is your height / weight?

---

2. Do you have regular bowel movements? Or do you get constipated often, or when you are traveling or experience stress?

---

---

3. Do you have any allergies?

---

4. Do you get urinary tract infections? If so, when was the last time, and does it happen often?

---

---

5. Do you or your partner have an STD? If yes, which one? Do you have one now?

---

---

6. Do you tend to suffer from Candida/Yeast infections? If so, is this Candida infection active at the moment? If yes, we need to wait till it clears for a session.

---

---

---

---

7. Are you suffering from constipation or hemorrhoids ?

---

8. Do you have a tendency to clench your Jaw? Do you grind your teeth?

---

---

9. Do you have any ankle or feet pain? When you walk do your feet point straight or do they/does one foot turn side/inward?

---

---

---

### **E. Medical history**

1. Have you ever had surgery? If so, for what and how long ago?

---

---

---

1b. Have you ever experienced a negative (traumatic/boundary violation) experience with a medical professional?

---

---

---

2. Do you have (a) chronic disease (s)? If yes, which one? And what do you do for it?

---

---

---

3. Are you currently experiencing any pain in your body? If so, where and what type of pain?

---

---

---

---

4. Have you been treated by a medical specialist now or in the past for these issues or past issues? If so, what was their diagnosis, did the therapy help? For how long did you do this therapy?

---

---

---

---

---

6. Are you currently on any kind of long term medication, and for what?

---

---

---

7. Do you have a history with (drugs/alcohol) addiction? And is this still going on?

---

---

---

**F. How do you feel?**

1. How would you describe how you feel atm? Think of it as, "Am I happy at the moment?" "Do you feel down often?" etc. Do you want to change anything?

---

---

---

---

2. Do you have or have ever suffered from long term depression? If yes, do you know what may have caused this and are you still feeling depressed/down now?

---

---

---

---

**G. Menstrual cycle (for menopause you can answer questions at block I)**

1. Do you have a menstrual cycle? If so, is it regular, irregular? And how many days do you bleed?

---

---

2. Do you have PCOS, Endometriosis, fibroids etc?

---

---

---

3. Do you suffer from PMS and/or menstrual complaints or cramps? If so, which and to what extent (light, medium, heavy, how long)?

---

---

---

4. Do you lose bleed/spot outside of your menstrual cycle?

---

5. How do you feel emotionally and physically around/before/after your period?

---

---

6. Do you use birth control /hormones?

---

7. What is the color of your blood (brownish/whine red/reddish/pinkish?)

---

---

8. Anything else to mention regarding your cycle that is not asked here?

---

---

**H. Sex and your Sexuality:**

1. If you are sexually active, is it enjoyable for you? (Answer if applicable)

---

---

---

2. Are there particular issues that tend to arise during sex/intimacy for you? (Think: I tend to freeze, dissociate, or experience some avoidance, or feeling not present, blocking things out Or: I would like to experience more ... etc..)

---

---

---

---

3. At any time during intimacy, do you experience any kind of pain or over sensitivities. This can be for example clitoral, vulvar, at the fornix (entrance), etc. Or perhaps you feel numbness in certain areas?

---

---

---

4. Do you have pain in or around your vagina, during sex, or AFTER, or in general? (You may have answered this at question 3)

---

---

---

5. Have you ever had a negative sexual experiences (NSE)? (abuse, serious boundary violations, rape?) If so, would you like to share it with me? (if yes, you may do so here on paper and/or during the intake interview where we are together)

---

---

---

---

---

---

---

7. If you have had a NSE, have you had any supportive therapy for this? And how do you feel now when you think back about it? How does your body feel when you bring up the memory?

---

---

---

---

**I. Pre-Menopause - Menopause (if applicable)**

1. When was your last period? Or, if it is irregular, how irregular?

---

---

2. How was the Pre-menopause and entering Menopause experience for you? On an emotional and physical level?

---

---

---

3. Did / are you receiving any hormone treatment? Bio or Synthetic?

---

---

---

4. Would you like some more support during this process if you're going through it now?

---

---

5. Do you use any kind of supportive medication/Supplements for menopausal symptoms? And what are your symptoms at the moment?

---

---

---

6. Is your vulva/vagina dry, or irritated (during sex, in general)? Do you experience pain during intimacy? Do you have any small fissures, does this happen often?

---

---

---

7. Do you have urinary frequency, or frequent UTI's? Or urinary incontinence?

**J. Therapy / Bodywork**

1. Have you ever undergone therapy or alternative body work? If so, what kind?

---

---

---

2. For what issues did you need it or want it? Did it help?

---

---

3. Let me know if you're interested in additional suggestions/support on a yogic/meditation/health/nutritional level.

---

---

**K. History of Children/Pregnancy (if applicable)**

1. Are you currently pregnant? If yes then I can give you IPT® sessions after delivery.

---

---

---

2. Do you have children and if so, how many?

---

---

3. How long ago was your last delivery?

---

---

4. How many pregnancies have you had?

---

---

5. Can you elaborate how it was for you to be pregnant? And please include how your midwife/obgyn/dr/nurses treat you throughout your pregnancies.

---

---

---



---

---

---

---

---

---

6. Have you had any miscarriages or an abortion? If yes, how did you process these? Please let me know so I can support you here also.

---

---

---

---

---

---

7. Can you tell me how your delivery (s) went (may be in keywords or in more detail)

---

---

---

---

---

---

9. How was the labor experience for you? (think: empowering, scary, traumatic, unsupported, supported, etc)

---

---

---

---

---

---

10. How did you recover after the birth(s)? (may be in catchwords or more elaborate)

---

---

---

---

---

---

11. Do you have scar tissue as a result of childbirth? (any vaginal tears/episiotomy/belly birth scar/etc)?

---

---

---

---

---

---

12. Let me know if there is anything else here that you'd like to share that I didn't ask