



Sexual Health Consultation

REGISTRATION PACKET

2024

Includes:

Introduction to a Sexual Health Consultation

The steps of the Sexual Health Consultation

Sexual Health Intake Form

Sexual Health Questionnaire

Specialty Therapy for Relationships & Sexuality

Discernment Counseling

Sexual Health Consultation

Infidelity

1820 East Blvd Suite 201

Charlotte NC 28203

Phone or text 704 377-2022

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Sensovia@gmail.com

Introduction to a Sexual Health Consultation

Sexual Health Consultation \$190. This fee includes a questionnaire for assessment, a 30-minute consultation (in office or virtual) and a Sex Consultation written recommendations and resources report.

The steps of the Sexual Health Consultation

1. Sign up/Request a Sexual Health Consultation

Online Schedule <https://sensoviinstitute.fullslate.com>

Phone or Text 704 377 2022

Email Sensovia@gmail.com

2. Complete the Intake Form and Questionnaire

You will receive the Intake Form and questionnaire in your email

3. Attend 30-minute Consultation

In office: 1820 East Blvd, Suite 201, Charlotte, NC 28203. Online sessions:

You will receive a link for the consultation the business day before you are scheduled. The fee for the Sexual Health Consultation which includes a questionnaire assessment, 30-minute session with Dr. Terrell, and a follow up Report with resources is \$190. Payment Plan available.

4. Receive Report /Suggested Resources

A report will be sent that reviews important parts of the consultation, includes helpful handouts, and makes recommendations for next steps and resources. You will usually receive your report within 2 business days of your consultation session.

5. Post Consultation Check-in

Dr. Terrell will call or text you to check in. Unless you request otherwise, your health care provider who referred you will receive a summary of the report that was sent to you.

6. Continue with Follow up sessions as needed or desired

Fee for Follow up sessions 30 minutes \$90.

Questions or concerns? Phone or text 704 377 2022 Email Sensovia@gmail.com

Sexual Health Intake Form

Name _____ Age _____ Gender _____

Mailing address _____

City/State/Zip/Country _____

Preferred Phone _____

May Sensovi Institute send you texts regarding your appointments and class information?

Yes No

(If you prefer not to text, your email will be used. Generally, phone calls will not be used.)

Email _____

(Please pick one active private email that you monitor when working with Dr. Terrell or Sensovi Institute. It is not recommended to use your work email.)

Spouse/Partner Name (*if applicable*) _____

What do you feel or think the most issue(s) to discuss with Dr. Terrell in your Sexual Health Consultation?

Will you be attending your consultation “In office” (1820 East Blvd, Suite 201, Charlotte, NC 28203) or virtually” (usually Zoom, phone may also be an option)?

_____ I will attend my consultation in the office of Sensovi Institute

_____ I will attend my consultation virtually

_____ I am not sure

Sexual Health Questionnaire

This questionnaire will help Dr. Terrell support you and make your consultation as helpful as possible. It is an assessment of your sexual experiences to determine areas of difficulty, education you desire, and your current resources.

Briefly summarize your situation, problem, and help you are seeking. (There will be more space to comment at the end of the form.)

How much distress or discomfort is this causing you?

- None/or not much
- Sometimes a lot, sometimes very little or none
- I am distressed
- I am really distressed

What have you tried to help with this problem? What's your hunch (guess) or understanding about why you experience this problem? Please list everything you have tried to work through this problem and if it has been helpful (even a little bit). What kinds of assistance have you tried (Choose all that apply)

- Medical Doctor
- Medication (by mouth or topical such as a cream or ointment)
- Supplements
- Website program
- Podcast
- Reading books or information

- Counseling or therapy
- I have not really tried anything
- A change in my routine or habits
- Discussing with my partner, working on it with my partner
- Physical therapy
- Other

Please comment to give more detail to the answer you selected above. (Space for general comments will be provided below.)

How would you know that this problem had gotten better? (What do you hope will happen?)

Comments: What would you like Dr. Terrell to know about you?