

BalanceQuest Institute

Cognitive Dynamic Associates
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412-687-8700

Preparation for Initial Session

Name _____

Date of Birth _____ M _____ F _____

Please take a few moments to write down brief answers to the following and return to me at above address:

1. What problems am I having in my relationship?

2. What problems am I having in my sexual life?

3. What are the positive things about my relationship and sexual life?

4. What life events have affected my relationship and sexual life?

5. What illness and medications may be affecting my sexual function?

6. What goals do I have for sex and marital coaching?