



TantraNector

TANTRA NECTAR TOUCH MASSAGE ACADEMY

(Make Massage as your prayer)

Session will be conducted by: _____

We request you to fill out this admission form truthfully and sincerely as this will assist you with connecting with yourself and help your session giver to guide and support you. To get ready for your session, read the Before/After Session Guide beneath, and make any inquiries you may have. It is upon you to take advantage of this experience, so please share what your objectives, aims, and limitations are.

Let's get started and know each other better.

The sessions are for two hours. Clients have the best outcomes when they attend atleast 3 sessions of Tantra Nectar Touch Massage.

The mentioned single session rate is _____

If you are interested to book the Ultimate Journey of Self-Healing and Tantric Transformation with Satyarthi Prateek then it is a lifetime chance to book Satyarthi for 21 days. This has 10 sessions included in it.

This includes:

- Taoist Tantra Massage – 2 Sessions
- Kashmiri Tantra Massage – 2 Sessions
- Tantra Nectar Touch Massage with Meditative Bodywork – 2 Sessions
- Tantra Nectar Touch Massage with Ayurvedic Yogic Tantra – 1 Session
- Tantra Nectar Touch Massage with Conscious Sensuality – 1 Session (Yoni or Lingam Healing)
- Tantra Nectar Touch Massage with Inner Alchemy – 1 Session (Yoni or Lingam Healing)
- Chakra Balancing and Energetic Orgasm – 1 Session

This intake form is confidential and will only be seen by your session giver, and possibly also their peer advisor or medical expert without using your name.

Tantra Nectar Touch Massage - Before & After Session Guidelines for Client

Getting one on one sessions is amazing and can raise recollections and feelings. This guide has been created to enable you to comprehend the procedure, how to capitalize on a session and to have an increasingly easeful change after a session.



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Follow these rules as an approach to give to yourself the best chance to get ready for these sessions.

- 1) Have a decent night's rest before the session day. Hit the sack early and don't utilize any mind-altering medications, for example, liquor, cannabis or dozing pills for somewhere around 24 hours before or after the session. It is prescribed to likewise not consume caffeine or stimulated refreshments for 6 hours before the session.
- 2) Drink a lot of unadulterated, clean water before and after the session. This flushes poisons out and greases up the body just as helping the stream of vitality.
- 3) It is also important to relax any expectation of orgasm or ejaculation during the session.
- 4) Proceed with individual practices, for example, cognisant passionate ejaculation, contemplation, cognisant self-touching and self-pleasure work outs, strolling in nature, yoga, qigong, Tantra, solid sattvic diet, light exercise, and journaling.
- 5) Try not to plan anything preceding or after a session so you have extensive time to inhale, feel, appreciate and coordinate. Generally, customers rise up out of the session in a space of quietness, reflection, and calm thought, it is prescribed to permit space for that.
- 6) Try not to participate in sexual association with anybody for about two hours after your session, giving reality to coordinate the intensely transformative nature of the session. If you engage sexually, consider doing so in slower more nurturing manner and do not focus on orgasm or ejaculation.

If it's not too much trouble, fill in answers to the inquiries beneath and give to your session giver before the session.

Name(s) (you like to be called):

Phone number(s):

Email:

WhatsApp:

Date of Birth:

Occupation(s):

Skype:

Questions / Answers, Shared Understandings and Agreements

Imagine you're writing in your personal diary. Be honest, be transparent.

1. What are your intentions and what do you aim to achieve from this Private Session?
2. How would you describe your recent and current emotional and physical state?
3. Do you have any ongoing sexual relationships? Yes _____ No _____



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If yes, are there any issues you are currently working through in your relationship?

4. Describe important past relationships:

5. Please list previous and current illnesses or medical conditions including STI's (Sexually Transmittable Infections) and psychological / emotional conditions:

6. Please list any medications (prescription, over-the-counter, herbal, or plant medicines) taken, and what they are for:

7. Describe any sexual trauma or abuse you have experienced at some point in your life including physical, emotional, or verbal:

8. Describe any previous massage sessions you have had that included genital touch, and if they were positive or negative.

9. Describe what you know about your personal birth experience.

When your mother gave birth to you, what type of birth experience was it?

Orgasmic/Ecstatic Birth: Yes _____ No _____

Natural Birth: Yes _____ No _____

Caesarean section? Yes _____ No _____



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Spinal tap and anaesthesia? Yes _____ No _____

Traumatic birth? Yes _____ No _____

Accidental conception? Yes _____ No _____

Unwanted conception/birth? Yes _____ No _____

Premature birth? Yes _____ No _____

Incubator? Yes _____ No _____

Breastfed? Yes _____ No _____

Circumcision? Yes _____ No _____

10. Were you adopted, or raised by your natural parents? Were you raised by a single parent? By your mother or by your father? Please describe:

11. Please describe any fears or phobias:

12. Do you feel fear/anger/hatred towards the opposite gender? Yes _____ No _____ If yes, please provide details:

13. Is it easy or difficult for you to relate with the opposite gender?

14. Do you have abandonment issues or experiences? Yes _____ No _____
If yes, tell us more...



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15. Have you ever had a near death experience? Yes _____ No _____
If yes, tell us more...

16. When was your last sexual health/STI test? What were the results?

17. What brings you pleasure, in terms of your body, sensuality, sexuality?

18. Do you have any resistances to receiving pleasure? Please describe:

19. Do you have, or have you ever had, cancer of any kind, HIV/AIDS, or other type of life-threatening illness? Tell us more...

20. Do you have any kind of hormonal imbalance? Please describe:

21. Please describe your diet. Do you consume meat, dairy, garlic, processed foods (junk foods), processed sugar, coffee, wheat, or gluten?

22. Do you have food allergies, food intolerances, or special requirements? Describe.

23. Do you have any addictions (alcohol, cigarettes/nicotine, marijuana, gambling, sex addiction, porn addiction)? Please describe:



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34. Have you had a Root Canal Treatment or other major dental surgery? Describe

35. Please describe any religious conditioning you received regarding sexuality:

36. Please describe any cultural/societal/ethnic/parental conditioning you received regarding sexuality:

37. If you're a Woman:

Do you have difficulty or inability in experiencing orgasms?

Yes _____ No _____

If yes, please provide details:

Have you ever had an abortion or miscarriage? Yes _____ No _____

If yes, at what age (s)? _____

If yes, please provide details:

Have you ever given birth? Yes _____ No _____

If yes, at what age(s) did you give birth? _____

What type of birth giving experience did you have?

Orgasmic/Ecstatic: Yes _____ No _____

Caesarean section? Yes _____ No _____

Spinal tap and anaesthesia? Yes _____ No _____

Episiotomy, cut or torn perineum? Yes _____ No _____

Stillbirth? Yes _____ No _____

Traumatic birth? Yes _____ No _____

Have you ever had a hysterectomy, uterus removed, or any other part of sexual organs removed? Yes _____ No _____
If yes, please provide details and date:



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Have you ever had mastectomy, part or all of one or more breasts, removed? Yes _____ No _____

Have you ever had plastic surgery on your genitals? (Such as reshaping of vaginal lips / labia?)

Yes _____ No _____ If yes, please provide details and date:

Have you ever had any other type of plastic surgery (such as breast augmentation, breast reduction, facial surgery, or other)? Yes _____ No _____ If yes, please provide details and date:

Have you ever had any other significant surgeries? Yes__ No __Please describe:

Do you experience numbness or pain in your genitals (such as in the vaginal opening, vaginal canal, G-spot, cervix, or elsewhere)? Yes _____ No _____ If yes, please provide details:

Do you experience extreme sensitivity in your genitals, nipples, breasts, or anywhere else in the body? Yes _____ No _____ If yes, please provide details:

Do you use a vibrator / sybian / vibrating self-pleasure device? Yes _____ No _____ If yes, please provide details:

Are you menstruating or in menopause? Do you have any issues related to menstruation or menopause?

Have you had a "G-Shot" surgical injection into the G-spot?

Is there other relevant information you want to share?

Are there any questions/concerns that you may have?

If you are a Man:

Are you circumcised? Yes _____ No _____

If yes, at what age?: _____



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If yes, please provide details:

Do you experience erectile dysfunction? Yes _____ No _____

If _____ yes, _____ please _____ provide _____ details:

Do you experience premature ejaculation? Yes _____ No _____

If yes, please provide details:

Do you experience retarded ejaculation? Yes _____ No _____

If yes, please provide details:

Do you, or have you ever, had an addiction to pornography? Yes _____ No _____

Please provide details, and if it is a current addiction:

About how often do you masturbate to the point of ejaculation?

_____ times per day, _____ times per week, _____ times per month

Have you, or do you, frequent prostitutes for sexual union and genital release?

Yes _____ No _____

Please provide details

Do you experience numbness or pain in your genitals? Yes _____ No _____

If yes, please provide details:

Do you experience numbness, pain, swelling, or disease in your prostate?

Yes _____ No _____ If yes, please provide details:

Have you ever had surgery on your genitals, such as Vasectomy or other?

Yes _____ No _____ If yes, please provide details:



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Have you ever had any other significant surgeries? Yes__ No __

If yes, Please describe:

Do you experience extreme sensitivity anywhere in or on your body? Yes _____ No _____

If yes, please describe where, and to what extent:

Do you experience impotence? Yes__ No ____

Please describe:

Is there other relevant information you want to share?

Are there any questions or concerns that you might have?

Acknowledgements :-

For the **Taoist Tantra Massage, Kashmiri Tantra Massage, Tantra Nectar Touch Massage, and Tantra Nectar Touch Massage with Ayurveda Yogic Tantra,**

There is an alternative to incorporate non-penetrative genital touch.

It is entirely up to you if you would like your session giver to include this aspect of the massage or not. (If not, those elements can instead be completed in the auric field).

Please sign your name below, and the date, indicating if you would like non-penetrative genital touch, and that you understand that intercourse is not a part of the massage.

Yes, I would like to include non-penetrative genital touch as part of my massage with the understanding that this touch is an integral part of the whole massage and is aimed at bringing about a state of wholeness in the body, mind and soul.



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No, I would not like genital touch of any kind to be included in my massage.

I understand that sexual union, nude genital-genital contact, and oral-genital contact, are not part of the massage and that my session giver will hold clear ethical boundaries with full integrity in case sexual desire arises from either party. I understand that penetrative genital touch with the fingers is not part of the massage unless agreed on the form on the following page.

I understand that the intention for this massage is not for genital release nor ejaculation for the client nor the session giver. I do not expect genital release nor ejaculation during this session.

Regarding penetrative touch with the fingers, see next form.

For the **Tantra Nectar Touch Massage with Conscious Sensuality** and **Tantra Nectar Touch Massage with inner alchemy**, there is an option to include penetrative genital touch with the giver's fingers, and that the session giver or the client each have the right to request non-latex gloves to be used for internal genital massage.

It is entirely up to you if you would like your session giver to include this aspect of the massage or not.

Please sign your name below, and the date, indicating if you would like penetrative genital touch with the giver's finger, and that you understand that intercourse is not a part of the massage.

Yes, I would like to include penetrative genital touch (with the giver's fingers only) as part of my massage with the understanding that this touch is an integral part of the whole massage and is aimed at bringing about a state of wholeness in the body, mind and soul.

No, I would not like penetrative genital touch of any kind to be included in my massage.



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I understand that sexual union, nude genital-genital contact, and oral-genital contact, are not part of the massage and that my session giver will hold clear ethical boundaries with full integrity in case sexual desire arises from either party.

I understand that the intention for this massage is not for genital release nor ejaculation for the client nor the session giver. I do not expect genital release nor ejaculation during this session.

Regarding Anal touch with the fingers, see next form.

For the **Tantra Nectar Touch Massage with Conscious Sensuality** and **Tantra Nectar Touch Massage with inner alchemy**, there is an option to include penetrative **anal** touch with the giver's fingers, always wearing non-latex gloves.

It is entirely up to you if you would like your session giver to include this aspect of the massage or not.

Please sign your name below, and the date, indicating if you would like penetrative anal touch with the giver's finger, and that you understand that intercourse is not a part of the massage.

Yes, I would like to include penetrative anal touch (with the giver's fingers only, always wearing non-latex gloves) as part of my massage with the understanding that this touch is an integral part of the whole massage and is aimed at bringing about a state of wholeness in the body, mind and soul.

No, I would not like penetrative anal touch of any kind to be included in my massage.

I understand that sexual union, nude genital-genital contact, and oral-genital contact, are not part of the massage and that my session giver will hold clear ethical boundaries with full integrity in case sexual desire arises from either party.

I understand that the intention for this massage is not for genital release nor ejaculation for the client nor the session giver. I do not expect genital release or ejaculation during this session.

I understand that if I would consent or not at this time



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Client Statement of Responsibility and Liability Waiver

Sometimes strong emotions, memories or sensations arise and it is up to me (the client) to decide if I want to pause or stop or if I want to work through them and release them. By scheduling a session I agree to take full responsibility for my choices and release the practitioner from any liability regarding anything related to the session, physically, emotionally or mentally.

I agree to tell the session giver immediately and clearly if I am experiencing pain, discomfort or want a pause or to stop the session.

I understand that the intention of this session is to bring about a profound integration of sexuality and spirituality, supporting a clear flow of Chi through my body and a sense of oneness in all that I am.

Client Name (Print) _____

Client Signature _____ Date _____

Thank You! Enjoy the sweet nectar of Tantra.