

# First Time Applicants Questionnaire Form

*The following Questionnaire form is intended for a FIRST time applicant, Persons I haven't met before. Rest assured, this is STRICTLY CONFIDENTIAL.*

*The sole purpose is to ensure your safety and well being at all times.*

*Please Copy & Paste or Print this Form then SEND via EMAIL.*

When the form is COMPLETED, choose ONE email address below to send it back to:

[MARQUISEBDSM@GMAIL.COM](mailto:MARQUISEBDSM@GMAIL.COM)

[MQ123CONSULT@GMAIL.COM](mailto:MQ123CONSULT@GMAIL.COM)

*Please be truthful and thorough when filling out the questionnaire. Thank You!*

*Marquise*

Office Use Only

Date: / / 2021

Number # CL100\_\_\_\_\_

Name \_\_\_\_\_ Alias \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Notes: \_\_\_\_\_

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## **First time applicant Questionnaire Form**

### ***Complete and Return***

To Answer: N/A (Not Applicable) and "X" ( a cross) Yes X No \_\_\_\_\_

#### **1. PEOPLE:**

Who will take part? \_\_\_\_\_

Level of Experience ? \_\_\_\_\_

Explanation \_\_\_\_\_

#### **2. ROLE :**

Who will be submissive? \_\_\_\_\_ Name \_\_\_\_\_

M/F/ Other \_\_\_\_\_ Age \_\_\_\_\_

Type of scene required?

Mistress/Slave , Slut , Age Play, Servant , Butler, Cross Dressing, gender play, pet play .... other

Explanation \_\_\_\_\_

Will the submissive promptly obey?

Yes\_\_\_\_\_ No\_\_\_\_\_

Explanation:\_\_\_\_\_

May the dominant "overpower" or "force" the submissive?

Yes\_\_\_\_\_ No\_\_\_\_\_

Explanation:\_\_\_\_\_

May the submissive verbally resist?

Yes\_\_\_\_\_ No\_\_\_\_\_

Explanation:\_\_\_\_\_

May the submissive physically resist?

Yes\_\_\_\_\_ No\_\_\_\_\_ Explanation:\_\_\_\_\_

Does the submissive agree to wear a collar?

Yes\_\_\_\_\_ No\_\_\_\_\_

Explanation:\_\_\_\_\_

The submissive agrees to address the dominant by the following title(s):

MARQUISE / MISTRESS : \_\_\_\_\_

Location Required: \_\_\_\_\_

**3. DATE & TIME:**

DATE:\_\_\_\_\_ TIME :\_\_\_\_\_ LENGTH :\_\_\_\_\_

More Info:

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To Answer: N/A (Not Applicable) and "X" ( a cross) Yes X No \_\_\_\_\_

**4. HEALTH CHECK:**

Any problems with the submissive ?

Vaccinated for Covid-19:

Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies:

Yes \_\_\_\_\_ No \_\_\_\_\_

Heart:

Yes \_\_\_\_\_ No \_\_\_\_\_

Lungs:

Yes \_\_\_\_\_ No \_\_\_\_\_

Neck/Back/Bones/Joints:

Yes \_\_\_\_\_ No \_\_\_\_\_

Kidneys:

Yes \_\_\_\_\_ No \_\_\_\_\_

Liver:

Yes \_\_\_\_\_ No \_\_\_\_\_

Other:

Explanation \_\_\_\_\_

Nervous System/ Mental Health:

Yes\_\_\_\_\_No\_\_\_\_\_

Explanation:\_\_\_\_\_

Is the submissive wearing Contact Lenses/Prescriptions Glasses?

Yes\_\_\_\_\_ No\_\_\_\_\_

Does the submissive suffer from Mental Health or any related problems?

Yes\_\_\_\_\_ No\_\_\_\_\_

Explanation:\_\_\_\_\_

**Does the submissive have a history of...**

Strokes:

Yes\_\_\_\_\_ No\_\_\_\_\_

Cardiac arrest:

Yes\_\_\_\_\_ No\_\_\_\_\_

Seizures:

Yes\_\_\_\_\_ No\_\_\_\_\_

Dizzy spells:

Yes\_\_\_\_\_ No\_\_\_\_\_

Diabetes:

Yes\_\_\_\_\_ No\_\_\_\_\_

High or Low Blood Pressure:

Yes\_\_\_\_\_ No\_\_\_\_\_

Fainting:

Yes\_\_\_\_\_ No\_\_\_\_\_

Asthma:

Yes\_\_\_\_\_ No\_\_\_\_\_

hyperventilation attacks:

Yes\_\_\_\_\_ No\_\_\_\_\_

Any phobias?:\_\_\_\_\_

Submissive other medical conditions:

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Any surgical implants (breast, face, etc.)?

Yes\_\_\_\_\_ No\_\_\_\_\_

Explanation:\_\_\_\_\_

Is the submissive taking , or other non-steroidal, anti-inflammatory drugs?

Yes\_\_\_\_\_ No\_\_\_\_\_

Other medications the submissive is taking: \_\_\_\_\_

Is the submissive allergic to... :

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Other allergies:\_\_\_\_\_

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*If yes, what will ensure the submissive safety AT ALL TIME ?*

NO bondage to chair/bed/etc.:

Yes\_\_\_\_\_ No\_\_\_\_\_

NO gag:

Yes\_\_\_\_\_ No\_\_\_\_\_

Silent alarm requested:

Yes\_\_\_\_\_ No\_\_\_\_\_

Third person present requested:

Yes\_\_\_\_\_ No\_\_\_\_\_

if yes Explain Who and Why?

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Telephone or Panic Button within submissive reach?

Yes\_\_\_\_\_ No\_\_\_\_\_

*ALL the activities will involve condoms, gloves, and/or other barriers*

**INTOXICANTS:**

*The dominant NEVER uses Recreational Drugs, Alcohol or else during a Session also the Submissive is required to be SOBER, SHOWERED and DRUG FREE..*

To Answer: N/A (Not Applicable) and "X" ( a cross) Yes X No \_\_\_\_\_

**5. SEX :**

Which of the following sexual acts are acceptable?

Self-Masturbation? *Submissive to Dominant:*

Yes \_\_\_\_\_ No \_\_\_\_\_

Fellatio to Strap-on Dildo/Male Subject/*Submissive to Dominant:*

Yes \_\_\_\_\_ No \_\_\_\_\_

Anal fisting/dominant to submissive:

Yes \_\_\_\_\_ No \_\_\_\_\_

Anal intercourse?*Dominant to Submissive*

Yes \_\_\_\_\_ No \_\_\_\_\_

Is swallowing semen acceptable?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is any participant menstruating?

Yes \_\_\_\_\_ No \_\_\_\_\_

Force Bi Sexuality?

Yes \_\_\_\_\_ No \_\_\_\_\_

Force Feminisation?

Yes\_\_\_\_\_ No\_\_\_\_\_

Sissification?

Yes\_\_\_\_\_ No\_\_\_\_\_

Any Hard Limits ?

Yes\_\_\_\_\_ No\_\_\_\_\_

Things you would NOT do at all\*

If YES \* Please Explain:

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Will sex toys such as vibrators, dildos, butt plugs, etc. be used?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, describe: \_\_\_\_\_

## **6. BONDAGE :**

The submissive agrees to allow (only) the following types of bondage...

*To answer Delete the inappropriate yes/~~no~~*

Hands in front: yes/no

Hands behind back: yes/no

Ankles: yes/no

Knees: yes/no

Elbows: yes/no

Wrists to ankles (hog-tie): yes/no

Spreader bars: yes/no

Tied to chair: yes/no

Tied to bed: yes/no

Use of blindfold: yes/no

Use of gag: yes/no

Use of hood: yes/no

Use of rope: yes/no

Use of tape: yes/no

Use of leather cuffs: yes/no

Use of handcuffs/metal restraints: yes/no

Suspension: yes/no

Mummification with plastic wrap, body bag or similar technique: yes/no

Any past bad experiences either with bondage, gags, blindfolds, and/or hoods?

Yes\_\_\_\_\_ No\_\_\_\_\_

Explanation:\_\_\_\_\_

## **7. PAIN**

*To Answer: N/A (Not Applicable) and "X" ( a cross) Yes X No\_\_\_\_\_*

Submissive general attitude toward receiving pain:

\_\_\_\_\_likes \_\_\_\_\_accepts \_\_\_\_\_neutral \_\_\_\_\_dislikes \_\_\_\_\_will not accept

Quantity of pain the submissive wants to receive:

\_\_\_\_\_none \_\_\_\_\_small \_\_\_\_\_average \_\_\_\_\_large

Explanation:\_\_\_\_\_

The following types of pain are acceptable...

spanking: yes/no

paddling: yes/no

flogging: yes/no

caning: yes/no

face slaps: yes/no

biting: yes/no

nipple clamps: yes/no

genital clamps: yes/no

clamps elsewhere: yes/no

locations: \_\_\_\_\_

hot creams: yes/no

ice: yes/no

hot wax: yes/no

tickling: yes/no

Other types/methods of pain: \_\_\_\_\_

Additional remarks: \_\_\_\_\_

**10. MARKS:**

Is it acceptable to the submissive if the play leaves marks?

Yes\_\_\_ No\_\_\_

Visible while wearing street clothes?

Yes\_\_\_ No\_\_\_

Visible while wearing a bathing suit?

Yes\_\_\_ No\_\_\_

Is it acceptable to the submissive if the play draws small amounts of blood?

Yes\_\_\_ No\_\_\_

Explanation: \_\_\_\_\_

**11. EROTIC HUMILIATION:**

The submissive agrees to accept being referred to by the following terms:

Slut, Pig, Miss, Slave.... Yes\_\_\_ No\_\_\_

Other's Specify: \_\_\_\_\_

The submissive agrees to the following forms of erotic humiliation...

"Verbal abuse": yes/no

Enemas: yes/no

Forced exhibitionism: yes/no

Spitting: yes/no

Water sports: yes/no

Scat games: yes/no

Face slapping: yes/no

Other: \_\_\_\_\_

Any prior really good or really bad experiences in these areas?

Explain: \_\_\_\_\_

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**12. SAFEWORDS:** Safewords are MANDATORY during sessions

- I use the Safewords: "RED" or "MONKEY"

- Non-verbal safewords Instructions given on the day

Will the "squeezes" technique be used?

Yes\_\_\_\_ No\_\_\_\_

Will the "Shake hand" technique be used?

Yes\_\_\_\_ No\_\_\_\_

**13. OPPORTUNITIES/SPECIAL SKILLS:**

Anything would especially like to try or explore? Yes\_\_\_\_ No\_\_\_\_

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. FOLLOW-UP:** *After the sessions*

*After Care is ESSENTIAL*

*I will contact you to assure your welfare, Do you want to be contacted ?*

The next day: Yes\_\_\_ No\_\_\_

via Email Yes\_\_\_ No\_\_\_

via Phone (Text) Yes\_\_\_ No\_\_\_

A week later: Yes\_\_\_ No\_\_\_

via Phone (Text) Yes\_\_\_ No\_\_\_

via Email Yes\_\_\_ No\_\_\_

**15.ANYTHING ELSE?** *Ask any Questions or worries you may have*

No\_\_\_

Yes,

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