

Confidential Client Intake Sheet

Name:

Birthdate:

Address:

Email:

Cell:

Texts ok

voicemail

Would you like to be added to my confidential email list? Yes

No

How did you hear about me?

Are you currently seeing any type of doctor or therapist? Yes

No

If yes, what is your diagnosis:

What medications do you currently take?

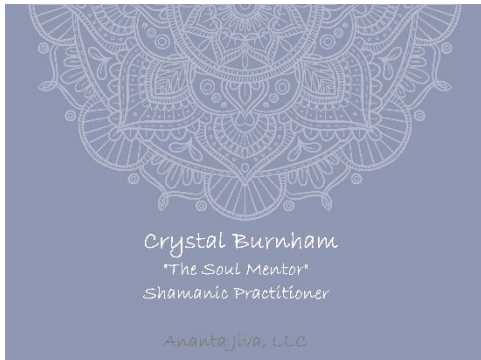
Do you have any hearing aids, pacemakers or other electric devices in or attached to your body? Yes  No

What would you like to accomplish in your Shamanic Healing Session today? (continue on back if necessary)

Have you worked with a Shamanic Practitioner before? Yes  No

If yes, did your sessions(s) accomplish your intentions Yes  No

If no, please explain:



*All information provided to Crystal Burnham/Ananta Jiva, LLC is in strictest confidence and no information will be sold or shared with anyone. The Shamanic Healing Session is conducted at your request and is not a replacement for traditional medical or mental health therapist.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

