



SHAMANIC HEALING INTAKE FORM

NAME

DOB

ADDRESS

MEDICATIONS

MOBILE#

OCCUPATION:

EMAIL (INTERNAL USE ONLY)

HOW WERE YOU REFERRED?

ARE YOU CURRENTLY RECEIVING OTHER ALTERNATIVE THERAPIES

DESCRIBE:

HAVE YOU HAD SHAMANIC HEALING SESSIONS BEFORE?
IF SO HOW MANY SESSIONS
PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR EXPERIENCE

WHAT IS LEFT UNRESOLVED?

WHAT MODALITIES DO YOU USE TO MITIGATE STRESS?

WHAT AREAS OF CONCERNS WOULD YOU LIKE TO FOCUS ON DURING YOUR SESSION. WHERE DO YOU FEEL STUCK OR DISCONNECTED?

ARE YOU CURRENTLY UNDER MEDICAL OR PSYCHOLOGICAL CARE? PLEASE DESCRIBE:

I agree that i have listed all known medical conditions. I release Crystal Burnham and Ananta Jiva LLC from any and all liability if I fail to notify of any health changes, conditions or diagnoses.

Signature

Date