**Shamanic Healing Intake Form**

Hello there! This brief questionnaire will be used to determine if I am a good fit for you as a shamanic healer and to provide me with useful information about you and your challenges. Please fill out as much of the following information as you can to the best of your ability. All information is kept strictly confidential except in the case of a respondent presenting potential danger to themselves and/or others.

**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

**Gender Identity and Preferred Pronoun(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Street)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Apt. or Unit #)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Town)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Country)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Zip Code)

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(home),** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(cell) Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Religious/spiritual affiliation (if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact 1:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Relation to you)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell phone)

**Emergency Contact 2:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Relation to you)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell phone)

**Are you, or do you plan to become, pregnant?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever attempted suicide?** \_\_\_\_\_\_ **If so, at what age(s)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please briefly describe any current medical and psychotherapeutic treatment that you are receiving:**

**Please briefly describe your current support system(s) and home life:**

**What issue(s) are you looking to address in our shamanic work?**

**Are you willing to have change occur in your life as a result of our healing work? Circle one:**

Yes / No

**Are you ready and willing to make changes to your life and/or lifestyle to support your long-term healing?**

**By signing the below waiver, you understand and agree to the following:**

I agree that all of the above statements are correct and true to the best of my knowledge.

I understand that the information provided in shamanic healing work with Garrett Jackson is not meant to prescribe, diagnose, or treat any medical, emotional, or psychological condition, nor is it a substitute to medical or psychological treatment. If I require such services, I will contact a licensed health professional.

I will not hold Garrett Jackson nor his affiliates responsible for any injury, illness, accident, or other misfortune that may occur in connection with my participation in shamanic healing work with Garrett. I understand that I am solely responsible for acting on the information provided in shamanic healing work with Garrett in a responsible and ethical manner.

I acknowledge that filling out the above questionnaire and this waiver does not guarantee that I will be brought on as a client immediately nor in the future. I acknowledge that Garrett reserves the right to refuse service to anyone, at any time, for any reason, without being obliged to provide reasons for denial or dismissal.

I agree to submit my payment of anything between $400 and $1 USD within two weeks from each of my sessions. I understand that all shamanic healing sessions are service-based, and therefore Garrett is not obligated to provide neither partial nor full refunds of fees and donations paid for shamanic healing sessions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sign name (typed signature is also acceptable)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**