

Shamanic Healing Questionnaire

This questionnaire will be used to determine if I am a good fit for you as a shamanic healer. Please fill out as much of the following information as you can to the best of your knowledge. 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)

_____ (Full address)

_____ (Home phone)

_____ (Cell phone)

Emergency Contact 2:

_____ (Name)

_____ (Relation to you)

_____ (Full address)

_____ (Home phone)

_____ (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 your support system(s) and current home life:

Please briefly describe what you are hoping to achieve with shamanic healing 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 growth?

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 should contact a trained 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 Jackson reserves the right to refuse service to anyone, at any time, for any reason, without being obliged to provide reasons for denial or dismissal. 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.

Print name

Sign name

Date