



Client Info

Name: _____ Date: _____
Address: _____
City, Zip: _____
Phone #s: _____
E-mail: _____ Referred by _____

How would you describe your current spiritual state / connections? _____

What emotional or mental concerns do you have? _____

Do you have negative self-talk? (put yourself down a lot, have low self-esteem issues)

Yes No

What do you hope to receive from this healing? _____

Prior Spiritual Healing and Work

Have you had previous shamanic healing sessions for this condition?

Yes No

If yes, name of shamanic practitioner: _____

If yes, when _____

If yes, type of healing done (circle all that apply):

Soul Retrieval; Power Animal Retrieval; Extraction; Dismemberment;
Don't know; Other _____

Have you ever

--- summoned or invoked otherworld or spiritual beings you didn't know?

--- dabbled in "dark" or "black" magic?

(continued on reverse)

Physical/Western Medical Aspects

In what areas of your body do you have physical pain or issues? _____

Have you received a medical diagnosis?

Diagnosis:

Symptoms:

Duration of symptoms: Under 1 year

Under 5 years

Over 5 years

The diagnosis was made by:

MD

Psychiatrist

Psychologist

Physical Therapist

DO

Chiropractor

Other (please indicate) _____

Approximate date of initial visit or diagnosis: _____

Treatment prescribed:

Medication

Surgery

Physical Therapy

Psychotherapy Other (please indicate) _____

Did you comply with treatment?

Yes

No

Length of treatment:

Date of initial treatment: _____

Date of last treatment: _____

Was that treatment effective?

Yes

No

Please give details: _____

Is there anything else you'd like to share? _____
