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**Mindfulness + Magic Shamanic Healing Questionnaire**

Erin Sharaf MA

*Thank you for taking the time to answer these questions, which, like all of our work together, will be held in the strictest confidence. The more powerful, considered, and honest your responses, the more powerful the tools I will have to work with you.*

Name:

Email:

City/State/Time Zone

Phone number:

Do you prefer to meet by phone or Zoom video conference?

Gender and preferred gender pronoun?

1. Have you worked with a shamanic practitioner previously?   
   If ‘yes,’ please provide additional details. When was the session?   
   Please describe the situation you sought support for and the results you obtained.
2. Why are you interested in shamanic healing at this time?
3. One a scale of 1-10 (10 being excellent), please rate the following (and please feel free to elaborate, if applicable):
   * Your physical health, in general
   * Your mental health, in general
   * Your diet
   * Your physical activity
   * Any practice of meditation or quieting the mind you may have
   * Your overall sense of happiness and satisfaction
4. Please list any physical diagnoses or challenges you have now or have had in the past.
5. Are you currently being treated by a medical doctor for your conditions?
6. Please list any hospitalizations or surgeries you have had including dates. Please indicate surgeries for which you received general anesthesia.
7. Please list any prescription medications or supplements you are taking.
8. Please list anything unusual that may have occurred prior to your current complaint.
9. Are you currently seeing a mental health professional? If ‘no’ but you have seen one in the past, please list duration of treatment, last visit, and reason for the care/mental health diagnoses.
10. Have you ever been hospitalized for a mental health condition? If ‘yes’, please give dates and details.
11. Have you ever had suicidal ideations or attempts?
12. Are you currently struggling with addiction(s), or have you in the past? If yes, please elaborate.
13. How much alcohol do you drink?
14. Do you smoke cigarettes?
15. On a scale of 0 to 10, 10 being as much as humanly possible, provide a ranking for the level of self-love you feel toward yourself today.
16. Please describe any paranormal experiences you’ve had.
17. Do you feel you experience chronic bad luck? If ‘yes’, please describe and also let me know if you feel like bad luck runs in your family.
18. Have you experienced trauma or traumatic loss in your life? If so, please describe.
19. Is there a persistent presence of unwanted or uncomfortable energy in your home?
20. What would you like to be different in your life?
21. Is there anything else you feel called to share, even if it sounds ‘weird’?
22. Is there anything else you think I should know about you or your history that might be important?
23. What do you think is going on? Please describe any thoughts you have about what you’ve been experiencing and what you think might help.

THANK YOU!

Please check the boxes, sign and date below indicating that you have read and agree with the following.

**Mindfulness + Magic Shamanic Healing Agreement**

I acknowledge that Erin Sharaf is not a licensed therapist, psychiatrist, counselor or medical doctor and is not functioning in a medical or therapeutic capacity. Shamanic healing is not a substitute for mental or physical health care. Always seek the advice of your physician or other qualified healthcare provider for any questions you have regarding a medical condition and BEFORE undertaking any alternative health program or alternative health or healing products or services.\* 

I acknowledge that shamanic healing is not about giving advice or telling me what I should do. \* 

I understand that I am responsible for my personal well-being before, during and after shamanic healing sessions. \* 

I understand that I take full responsibility for any choices or decisions that I make. \* 

I understand that I can discontinue services at any time. \* 

I understand that Erin Sharaf has the legal responsibility to report to authorities any claims of current abuse or intent to harm myself or another person. \* 

I shall be responsible for my decision to alter or stop any of my medications and further agree that I will seek quality medical advice from a licensed medical provider prior to taking any such action. In particular, stopping certain medications can cause physical or psychological symptoms if the process is not done carefully.\* 

Both parties agree to give at least 24 hours notice of any schedule changes unless in case of emergencies. \* 

I understand that all clients are added to the Mindfulness & Magic mailing list, and I can easily unsubscribe at any time. 

Legal Disclaimer (sorry but it’s a necessary evil):

I understand that I am working with Erin Sharaf for shamanic healing for the stated fee. I agree to the following legal disclaimer regarding our work:   
  
"I hereby release, waive, acquit and forever discharge Erin Sharaf, her agents, successors, assigns, personal representatives, executors, heirs and employees (collectively “my shamanic practitioner”) from every claim, suit action, demand or right to compensation for damages I may claim to have or that I may have arising out of actions, omissions, or commissions taken by myself or by my shamanic practitioner as a result of the advice given by my shamanic practitioner or otherwise resulting from the relationship contemplated hereunder. I further declare and represent that no promise, inducement or agreement not herein expressed has been made to me to enter into this release. The release made pursuant to this paragraph shall bind my heirs, executors, personal representatives, successors, assigns, and agents.

I understand that shamanic practices, services, healing, and associated coaching are for informational purposes only and are not a substitute for professional medical or psychological advice, diagnosis, or treatment. Shamanic services and information are a holistic complementary healthcare practice and should never replace the advice, recommendations, or prescriptions provided by a healthcare practitioner. Neither Erin Sharaf nor Mindfulness & Magic are responsible for any adverse effects resulting from our work together.

I understand that there are **no guarantees** with shamanic healing and that all information given to me should be filtered through my own wise discernment.”

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEXT STEPS:

* Please email this completed form (or as much as you are comfortable completing) to [Erinsharaf@gmail.com](mailto:Erinsharaf@gmail.com) and indicate days/times that might work for you to schedule the session.
* Go to PayPal ([erinsharaf@gmail.com](mailto:erinsharaf@gmail.com)) or Venmo (@erin-sharaf) to pay. Contact me if you’d prefer to send a check.   
  Initial appointments are $150 and last for 75 minutes.

Subsequent appointments are for an hour at $125.