

Client Intake Form

Finding Connection with Rachel Navaro

Shamanic Practices for Healing and Personal Empowerment
www.RachelNavaro.com
rachelnavaro@yahoo.com
612-730-2994

Name _____

Address _____

City _____ State _____ Country _____ Zip _____

Phone _____ Email _____

Birth Date _____ Referred by _____

Please list any of your goals around healing, wellness, personal empowerment, self-awareness, connection and/or guidance.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Payment and Cancellation

Payment is due 1 week prior to your session date via:

- Venmo: @Rachel-Navaro
- Personal Check
- Credit Card: _____ - _____ - _____ - _____ Exp: ____/____ CVV: _____

Session Costs: Some shamanic session are billed by session type. Others are billed by the hour. Please refer to the website: www.RachelNavaro.com for current prices.

Late Cancellation/Reschedule Policy: If you need to cancel or reschedule your session less than 24 hours prior to your appointment, you will be charged the full session fee.

Reschedule: Please call/text/email at least 2 days prior to your session and we will find a new time for your session. Your payment will be applied to your new appointment. If you reschedule less than 24 hours prior to your appointment, you will be charged the full session fee for the late reschedule; it will not be applied to a new appointment.

We appreciate your help in managing appointments, that it may benefit all. Blessings!

Please initial below, that you have read and agree to the following:

_____ I request a shamanic session(s) with Rachel Navaro for spiritual guidance, healing and personal empowerment.

_____ I understand that depending on my shamanic session type, healing goals and personal health history, the techniques used in the session will vary.

_____ I agree to have a voice recording made of my Initial Session and have that recording emailed to me for my future reference.

_____ I agree to pay the full session fee if I cancel or reschedule less than 24 hours prior to my scheduled appointment.

_____ I understand that no information provided in a shamanic session is medical advice, and that shamanic sessions are not a substitute for medical examination, diagnosis or treatment.

_____ I understand that all of my medical and personal information will be kept confidential.

Liability Disclaimer

I understand that by my signature below, I take full responsibility for seeking and using information from shamanic sessions at Finding Connection with Rachel Navaro, holding harmless and fully releasing Rachel Navaro and any or all associates involved in my shamanic sessions from liability of any kind or form.

Signed: _____

Printed Name: _____

Date: _____