

Finding Connection with Rachel Navaro

Welcome to Finding Connection with Rachel Navaro. Please take a moment to carefully read the following information and sign where indicated.

Depending on your shamanic healing session type, your healing goals and personal health history, the techniques used in your session will vary. The techniques of shamanic work may include: Spirit Guide connection/guidance, soul retrieval, chanting and drumming, ancestral healing work, chakra clearing and balancing, energy field clearing, energetic healing, guided visualization, healing touch, reiki, kinesiology, EFT and/or qigong.

Shamanic healing practices are very safe. Infrequently a minor side effect may include temporary sore muscles. Relaxation and a general sense of calm, wellness, wholeness, connection and balance are the most common side effects.

All of your medical and personal information is kept confidential.

24 Hour Notice Policy

If you need to reschedule or cancel your session, please provide notice at least 24 hours before your scheduled session. If you do not provide 24 hours notice, you are responsible for the cost of your session.

Statement of Consent

I have read and understand the scope of practice, potential side effects and the cancellation policy of Finding Connection with Rachel Navaro. I understand that shamanic healing is not a substitute for medical examination, diagnosis, or treatment. I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailments that I am aware of. I understand that shamanic healing practitioners are not qualified to diagnose, prescribe, or treat any physical or mental illness. I agree that there shall be no liability on the practitioner's part for any of my physical or mental health-related ailments. I agree to comply with the cancellation policy which requires 24 hours notice for any rescheduled or cancelled appointment. If it is not possible to provide 24 hours notice, I will be responsible to pay the posted fee.

Name: _____ DOB: _____

Address: _____ City: _____ State: _____

Zip: _____ Referred by: _____ Cell: _____

Email: _____

Signature: _____ Date: _____