



Buffalo Medicine Lodge

WHEN ONE HEALS, WE ALL HEAL.  
AIMEE K. SHAW, M.A.  
MODERN SHAMAN

### INFORMED CONSENT FOR SHAMANIC SERVICES

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

The shamanic healing techniques utilized are intended to encourage overall wellness and should not replace any mode of existing or suggested traditional medical treatment you may have been prescribed. Shamanic Healing is considered as "Spiritual Healing" and is not a medical treatment. This is a mystical application and ingested remedies are not prescribed. No guarantees of wellness are made, and you agree you are seeking such spiritual services voluntarily.

Spiritual counseling is offered solely as a support system on an interfaith level for individuals experiencing challenges during life transitions. Meetings follow the essence of the mystical healing presented here. This is not a place for psychotherapy. Psychotherapy will be recommended for mental disorders or situations where intentions to harm oneself or others is present. I am not a licensed or degreed psychologist or psychotherapist, and I do NOT offer these types of services.

During your session I may drum or use my rattle, sing and/or dance. I work with Healing Spirits to bring their Healing Power into you. Incense smoke may be used, and/or other sacred ceremonial objects. I may or may not wear a Sacred Mask. I might touch you with stones or other healing objects. You may be touched in various locations on your body, as I may use "laying on of hands" techniques. You may be asked to remove your shoes. You will remain clothed at all times and I will seek verbal permission prior to doing any work directly on your body. Some work might be done in darkness or with eyes closed. Emotional discomfort is normal as you may be having new experiences and unpleasant thoughts and feelings become conscious, but you will not be required to agree to anything that causes emotional or physical distress. All objects and techniques used are intended to bring good healing medicine to you. ("Healing medicine" is a Native American term meaning spiritual or mystical medicine).

Participation from you is encouraged for ultimate success. Recommendations may be made and 'homework' may be required, such as reviewing lifestyle changes, meditation, spending time in nature, specific creative assignments, or other suggestions brought about during a mystical session. Your willingness and participation is essential to healing. It takes time to integrate the experience of a shamanic healing, so be kind to yourself and allow the benefits to unfold. Not all results are instantaneous.

**Please read and initial each line below:**

- 1) I have read the above information and understand what to expect. (Initial here) \_\_\_\_\_
- 2) I acknowledge there is no guarantee of improved health or cessation of illness or symptoms. (Initial here) \_\_\_\_\_
- 3) I agree this is a mystical application that is not intended as a medical treatment. It is not intended to replace any medical treatment I may be undergoing. (Initial here) \_\_\_\_\_
- 4) I agree this is neither a medical clinic nor a facility that offers any form of physical or pharmaceutical therapy. (Initial here) \_\_\_\_\_
- 5) I agree this is not a psychological treatment facility that offers counseling for mental disorders. Any Spiritual Guidance offered is recognized as such in accordance with normal ministerial guidelines for an ordained minister. (Initial here) \_\_\_\_\_
- 6) I give permission to receive Shamanic Healing and/or Spiritual Guidance from Aimee K. Shaw. (Initial here) \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(If under 18)  
Print Parent/Guardian Name \_\_\_\_\_ Print Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_