



Thirteenth Moon Center

Shamanism & Creative Arts

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Art Therapy/Shamanism Initial Session – Checklist

Date: _____

Name: _____ DOB: _____

Address: _____

Email: _____ Phone: _____

Emergency Person Contact Info.: _____

We're interested in the issues. Please fill out and bring with you to your appointment.

1. Your reason(s) for seeking art therapy and/or shamanic healing. (A few sentences) _____

2. Are you being treated for something now? (Describe briefly including type of practitioners and/or physicians)

3. Medications or other preparations such as herbs/tinctures you are presently taking. _____

4. CHECK all that apply, if you are having problems or concerns:

Physical

- | | | | | | |
|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> vision | <input type="checkbox"/> memory | <input type="checkbox"/> arthritis | <input type="checkbox"/> hearing | <input type="checkbox"/> sleep | <input type="checkbox"/> back |
| <input type="checkbox"/> digestion | <input type="checkbox"/> nightmares | <input type="checkbox"/> heart | <input type="checkbox"/> joints | <input type="checkbox"/> bones | <input type="checkbox"/> muscular |
| <input type="checkbox"/> pain | <input type="checkbox"/> surgeries | Other: _____ | | | |

Mood

- | | | | |
|---|---|----------------------------------|--|
| <input type="checkbox"/> depression | <input type="checkbox"/> intrusive thoughts | <input type="checkbox"/> anxiety | <input type="checkbox"/> crying frequently |
| <input type="checkbox"/> obsessive thoughts | <input type="checkbox"/> worries | <input type="checkbox"/> grief | <input type="checkbox"/> compulsions |
| <input type="checkbox"/> sad | <input type="checkbox"/> anger | <input type="checkbox"/> fears | |

Other: _____

5. **CHECK all that apply:** Drug and Alcohol Use (PAST OR PRESENT) Accidents
 Hospitalizations Traumatic Events Near Death Experiences

6. Do you have any particular religious and/or spiritual practices? _____

7. Anything else you'd like us to know? _____
