

Intake & Waiver
Trauma-Informed Integration Assessment Form

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Client Name: _____ Date: _____

Personal Background, Trauma History & Current Symptoms

“Please only share what you feel comfortable disclosing. All information is confidential and trauma-informed care is a top priority.”

- Have you experienced any significant trauma in your life (emotional, physical, sexual, or spiritual)?
- Are there particular events or themes from your past that continue to affect you today?
- Do you currently experience symptoms such as anxiety, depression, panic attacks, sleep disturbances, or flashbacks?
- Are you currently receiving support from a therapist, counselor, or other healing professional?
- Are there any specific triggers or sensitivities we should be aware of to best support you?

Healing Readiness & Safety

- What calls you to this sacred healing work at this time in your life?
- Have you worked with sacred medicines before? If yes, which ones and how was your experience?
- Are you currently in a stable living situation?
- Are you currently taking any medications (psychiatric or otherwise)?
- Do you feel mentally and emotionally grounded enough to face deep inner healing and transformation?
- Do you have a support system in place (friends, family, therapist, etc.) for after the microdosing, ceremony or retreat?

Integration Intentions

- What are your core intentions for this experience?
- What would you like to shift, release, or understand more deeply within yourself?
- How do you plan to integrate the insights and healing from this journey into your daily life?
- Are you open to follow-up support such as integration coaching, journaling, or community sharing?

Trust Building & Spiritual Connection

- How do you define “spiritual connection” in your life?
- Do you feel a connection to a higher power, spirit, ancestors, or nature?
- Are you comfortable being held in a sacred space with facilitators and other guests?
- What helps you feel safe, seen, and supported in group or ceremonial settings?
- Is there anything you'd like us to know that would help you feel more spiritually or emotionally supported during your time with us?

Is there anything else you would like to share?

Client Signature: _____ Date: _____

This agreement outlines the understanding and commitments between the client and Bufo Healing Sanctuary for the purpose of trauma-informed integration support. Our sacred space is one of mutual trust, respect, and healing intention. We hold every session as sacred — an opportunity for soul restoration and deep listening.

1. I understand that the services provided are for spiritual, emotional, and energetic support only.
2. I agree to take full responsibility for my own healing journey and personal decisions.
3. I understand that this work does not replace medical or psychiatric care.
4. I agree to show up on time and communicate if I need to cancel or reschedule any sessions.
5. I understand all sessions are held in confidentiality, unless harm to self or others is disclosed.
6. I agree to honor the sacred nature of this work by maintaining respect for myself, my facilitator, and any other participants involved.
7. I understand that integration is a process, and results may vary depending on my participation.
8. I agree to communicate any triggers, concerns, or needs that arise during or after sessions.
9. I agree to make full payment at least 24 hours before my scheduled session.
10. I understand that no-shows are subject to a 10% fee.
11. I understand that cancellations must be made at least 24 hours in advance to avoid fees.
12. I agree to remain fully dressed at all times during sessions, as a policy of safety and respect.

By signing below, I acknowledge that I have read, understood, and agreed to the above terms.

Client Name: _____ Date: _____

Client Signature: _____ Facilitator Signature: _____

Client Signature: _____ Facilitator Signature: _____