**SRMT AND LIFE EMPOWERMENT PROGRAM – PRACTICUM FILE**

Llyn Roberts, MA

With Stacey Gibbons & SRW Teaching Faculty

**DATE:**

**CLIENT:**

**PRACTITIONER:**

**ABSENTEE HEALING CLIENT INFORMATION**

***Why do you seek these sessions, and what do you hope to accomplish through them?***

***Are you familiar with distant healing methods and the power of prayer for healing? Have you had experience with these?***

***If so, what was your experience and what were the results?***

***If comfortable, please share if you are presently working with a health-care or therapeutic professional for specific issues or ailments?***

***Do you do regular daily or weekly practice such as: exercise, meditation, martial art, yoga or other body discipline, breathing practices, etc.***

***If you do not have a daily body-mind discipline, would you like to have one and are you open to suggestions?***

***How much time do you spend in nature and what do you do? Are you open to suggestions?***

***Please note any concerns or questions you have about Shamanic Reiki Absentee work.***

***Is there anything else you’d like to share?***

***I, the above-signed understand that the Shamanic Reiki Absentee Healing sessions I will receive are not a substitute for other appropriate holistic or traditional medical care, or emotional and psychological therapies. The sessions are given solely for the purposes of inducing relaxation, increasing overall energy levels, enhancing spiritual and self-awareness, releasing emotional blocks and as an aid to emotional integration.***