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

Llyn Roberts, MA

With Stacey Gibbons & SRW Teaching Faculty

**DATE:**

**CLIENT:**

**PRACTITIONER:**

**CLIENT INFORMATION FORM**

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

***What kinds of energy/body work, hypnotherapy and/or shamanic work have you received in the past?***

***What was your experience and what were the results?***

***Are you presently working with a health-care provider for medical or emotional conditions or symptoms? If so, please share as much as you would like to about this.***

***Do you do regular daily or weekly body-mind practices such as: exercise, meditation, martial art, yoga or other body discipline, breathing practices, etc. If so, why? How do these support you?***

***If you do not have a daily body-mind discipline, would you like to have one? Why?***

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

***Please note concerns or questions you have before beginning Shamanic Reiki sessions.***

***Are you comfortable with gentle, appropriate and non-invasive touch/are there any areas of your body, which you do not wish to be touched? (If this changes at anytime, even while you’re on the table, please let your practitioner know.)***

***Is there anything else you’d like me to know about you before we begin Shamanic Reiki sessions?***