

Name:

Date of Birth:

Address:

Email:

Contact number:

Occupation:

Relationship Status:

Hobbies:

Children:

Pets:

What are your goals for the treatment session?

What are your overall goals for health:

Physical:

Mental:

Emotional:

Spiritual:

List your current health concerns including the approximate date of onset:

How have these concerns been influencing your daily life and activities?

List previous and ongoing treatments and/or diagnostic testing:

List any medications or supplements that you are currently taking:

Describe your sleep. What time do you go to sleep? How many hours of sleep do you get per night? Do you have trouble falling asleep? Do you wake up rested? Do you wake up during the night, what time?

Describe your elimination pattern. Do you have regular bowel movements (2-3 per day)?

Please outline the nature of any stress that you may have in your life:

What types of activities would you like to do more of once this is no longer a concern?

Please rate the following on a scale of 1 – 10 (1 = poor, 10 = excellent)

Quality of Sleep:

Energy Level:

Joy in life:

Stress Level:

When do you feel at your best physically, mentally, emotionally and/or spiritually?

Can you remember a time in your life when you would have described your state of health as a 10? If so, what words would you use to describe what that felt like?

If you could have one goal that you would like to focus on achieving once your health is restored, what would that goal be?

If you have any pain in your body, please describe the location and give that pain a grade on a scale of 1 – 10. (1 = awareness, 10 = extreme)

I _____ (print name) understand that the session (BodyTalk/Biofield Tuning/Emotional Resolution/Reiki) provided by Yekaterina Sheremetyev, Certified Practitioner is intended to enhance relaxation, increase communication within the areas of the body, and to educate me to possible energetic or emotional blocks that may create pain and disease. These non-invasive, safe, and objective modalities, utilize the body's own innate intelligence to re-establish communication within itself. I understand that the session is not a substitute for medical treatment or medications. I am aware that the Practitioner does not diagnose illness or disease nor does the Practitioner prescribe medications.

Client Signature:

Date: