

*Eleonore Koury, RMT, CMT*

**Client Information Form**

The following is information regarding Reiki, Reiki Massage Spiritual and Life Guidance, and Meditation Coaching . Sessions can include one modality or a combination. Please indicate your preference below.

I understand that Reiki, or bodywork are stress reduction and relaxation techniques. I acknowledge that treatments administered are only for the purpose of helping me relax and to relieve stress.

Eleonore does not diagnose conditions, nor does she prescribe substances or perform medical treatment, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or licensed health care professional for any physical or psychological ailment I may have.

I also understand and believe that the body, mind and spirit has the ability to heal itself, and to do so complete relaxation is often beneficial. Long term imbalances in the body, mind and spirit sometimes require multiple treatments to reach the level necessary to bring the system back into balance. I understand and believe that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of treatments.

I acknowledge my commitment to my self-improvement process. I recognize that a treatment program must be followed to be truly effective, just as prescribed medication is only effective if taken as directed.

I understand that if I need to cancel a scheduled appointment, I will provide 24-48 hour notification. If an appointment is cancelled or rescheduled in less than 24 hours, I am responsible for paying the full rate for the service.

Print Name \_\_\_\_\_ Signed \_\_\_\_\_

Client's Representative \_\_\_\_\_ Signed \_\_\_\_\_

Date \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_  
(include city and zip)

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ would you like to be on my email list Yes \_\_\_\_\_ No \_\_\_\_\_

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Please indicate modality:

- Reiki
- Spiritual and Life Guidance
- Meditation Coaching
- Reiki Massage
- Reiki Mentoring

Have you ever received a professional reiki, and or massage/bodywork session? If so, when was your last session?

What brings you to this session?

Have you any recent or past injuries or surgeries?

Have you any other physical conditions I should be aware of? What makes it better? What makes it worse?

High blood pressure?	Numbness or nerve damage?
Cardiac or circulatory problems?	Cancer?
Pregnancy?	Prescription Medications?

Any other conditions?

Do you smoke? Yes No

Do you use any substances for relaxation or stimulation, such as alcohol, caffeine, sugar, etc.? Yes No  
If yes indicate which substance and how much

List treatments or medications you are currently receiving?

What are the current stressors in your life? What makes it better? What makes it worse?

What current methods of self-care are you practicing (ie, yoga, tai chi, meditation, etc.)?

What would you like to achieve in your sessions?