

Reiki Client Information Form

Name: (Please Print) _____
Phone (home): _____ Cell phone or evening: _____
Address: _____
City, State, Zip: _____
Email (optional): _____
Emergency Contact: _____
Current Medications and dosage: _____

Are you currently under the care of a physician? __ Yes __ No
If yes, physician's name: _____
How did you hear about us? _____

Have you ever had a Reiki session before? __ Yes __ No
If yes, when was your last session? _____
Number of previous sessions _____
Do you have a particular area of concern? _____

Are you sensitive to perfumes or fragrances? _____
Are you sensitive to touch? _____

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Video and Audio Recording for Teaching only. If I use your session I will contact you for your personal approval and Signature.

Returned check policy 35.00 dollar fee for returned checks .

Signed: _____ Date: _____

Privacy Notice:

No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.