

New Reiki Client Information

Name _____

Address _____

Cell/Home Phone _____

Email _____

Ok To Contact? Yes No

Chief Complaint /Medical Information/Primary Concern

Have you ever tried Reiki in the past?

Please review and complete signature regarding the statement below.

I give consent to participate in a Reiki treatment at my own volition. I understand that Reiki is an ancient Japanese healing technique and that it is one of many healing tools available to me for my health & wellness. At times, people do have emotional reactions or physical sensations that occur during a Reiki session. I understand that the use of Reiki is complementary to other methods of healing & is unlikely to cause harm in any kind of way. Furthermore, I understand that Reiki is not intended to replace the advice or guidance of any of my attending medical or mental health professionals, including my veterinarian if I am receiving treatment for an animal. Please feel free to ask any questions that you may have prior to signature of this form. Love, Light, & Healing to you.

Printed Name

Signature