

The Sound Within Us

Awaken the sound within to restore harmony and balance in your life

267-670-1959
Williamstown, NJ

NICOLE CICCÒ
Wellness Practitioner

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Thank you for taking the time to care for yourself.

The following information will be used to help plan safe and effective Energy Work Session.

Name: _____

Date of birth: ____/____/____

Date: ____/____/____

Phone: (____) ____-____

Email: _____

Address: _____

Occupation: _____

Marital Status: _____

Emergency contact name: _____

Phone: (____) ____-____

Relationship: _____

Have you ever had a Reiki session before? Yes ____ No ____

If yes, how often do you receive Reiki? _____

If yes, please briefly describe the desired outcome you hoped for from your previous Reiki session(s), and what your actual experience was:

Do you have any difficulty lying on your front or back? Yes ____ No ____

If yes, please explain: _____

What is your goal for today's Reiki session? (Please circle all that apply)

Relaxation General wellness Increased vitality Stress reduction

Pain reduction Improved sleep Other: _____

In a few sentences, describe your current life situation and how you feel you would benefit from a Reiki Treatment:

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Do you have a spiritual practice? Yes ____ No ____ Do you meditate? Yes ____ No ____

Do you experience stress in your work, your family, or another aspect of your life? Yes ____ No ____

If yes, how do you think it has affected your health? (Please circle all that apply.)

Muscle tension Anxiety Insomnia Irritability Headaches/migraine

Other: _____

What issues are you seeking to address?

Is there a particular area(s) of the body where you are experiencing tension, stiffness, pain, or other discomfort?

Yes ____ No ____ If yes, please explain: _____

Are you currently under medical supervision?

Yes ____ No ____ If yes, please explain: _____

Are you currently taking any medications?

Yes ____ No ____ If yes, please explain: _____

Do you have any allergies or sensitivities?

Yes ____ No ____ If yes, please explain: _____

Is there anything else about your health history that you think would be useful for your Reiki therapist to know in order to plan a safe and effective Reiki session for you?

Would you prefer a hands-on or hands-off Reiki session? (Please circle one.)

Hands-on

Hands-off

Would you prefer to sit in a chair or lie down? (Please circle one.)

Sit Up

Lie Down

What is Reiki ?

Reiki is a Japanese healing technique used for stress reduction and relaxation that also promotes overall well-being. Reiki uses the energy force that flows around and through all living things, also known "chi" or "qi" in other cultures. It is administered by "laying on hands" and is based on the idea that an unseen "life force energy" flows through us and is what causes us to be alive. If one's "life force energy" is low, then we are more likely to get sick or feel stress, and if it is high, we are more capable of being happy and healthy.

A treatment feels like a wonderful glowing radiance that flows through and around you. Reiki treats the whole person including body, emotions, mind, and spirit creating many beneficial effects that include relaxation and feelings of peace, security, and well-being. Many have reported miraculous results. A reiki session balances and aligns your chakras, and helps you move through and release blocked energy, trauma, pain, and negative emotions.

Reiki is a simple, natural, and safe method of spiritual healing and self-improvement that everyone can use. It has been effective in helping virtually every known illness and malady and always creates a beneficial effect. It also works in conjunction with all other medical or therapeutic techniques to relieve side effects and promote recovery. Its use is not dependent on one's intellectual capacity or spiritual development and therefore is available to everyone. It has been successfully taught to thousands of people of all ages and backgrounds.

While Reiki is spiritual in nature, it is not a religion. It has no dogma, and there is nothing you must believe in order to learn and use Reiki. In fact, Reiki is not dependent on belief at all and will work whether you believe in it or not. Because Reiki comes from the Source of Creation, many people find that using Reiki puts them more in touch with the experience of their religion rather than having only an intellectual concept of it.

To prepare for your treatment, drink plenty of water, dress comfortably and set your intentions towards healing for your highest good and towards the best possible outcome. It is encouraged that you allow time to rest, reflect, and recover following any energy healing work to make the most out of your treatment session. Having a daily meditation practice, regular exercise routine, journal writing, eating balanced and healthy meals, being selective of the information you take in, and the proper self-care are paramount to any healing journey. The only way out of any situation is going *through* it and getting yourself out. We will provide you with the necessary tools, resources, and will illuminate the path for you, but you must be ready to take the next steps and walk down it.

Please feel free to contact us with any questions you may have prior to your Reiki Treatment.

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Adult Consent Form for Treatment

I, _____ (print name) understand that the Reiki and Intuitive Counselling Therapy I receive is provided for the basic purpose of emotional support, relaxation, and relief of tension and stress. Reiki is a simple, gentle, hands-on energy technique that is a compliment to 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 balance itself.

If I experience any pain or discomfort during this session, I will immediately inform the therapist so that adjustments can be made for my level of comfort. I further understand that Reiki should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician or other qualified medical specialist for any physical or mental ailment that I am aware of. I understand that Reiki therapists are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such.

I affirm that I stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

I take responsibility for my well-being and acknowledge my commitment to my self-improvement process.

I read the **DISCLAIMER** and consent to receiving Energy Work from a Wellness Practitioner at The Sound Within Us.

Signature of Client _____ Date ____/____/____

Signature of Wellness Practitioner _____ 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.)*