



Reiki Client Intake Form: Practitioner Dawn Fasig

Name: (Please Print) _____

Date: _____ Phone: _____

Email (Optional): _____

Address:

City/Town: _____ Postal Code: _____

Provide brief medical history. Particularly indicate significant data. (injuries, accidents, surgeries, seizures, etc.)

Are you currently receiving other alternative treatments? (Please Circle) Yes No

If yes, please specify. (i.e. homeopathy, acupuncture, etc.)

Have you had a Reiki Session before? (Please circle) Yes No

If yes, when was your last session? _____

Number of previous sessions: _____

Reiki involves a gentle, appropriate, hands-on technique. Are you ok with light touch? (Please Circle)

Yes No

Do you have any difficulty lying on your front, back, or side? (Please Circle) Yes No

If yes, please explain:

Do you find time to relax or meditate? If so, how often?

Do you find time to exercise? If so, what type of exercise and how often?

How many hours a night do you sleep? Is it restful? If not, please explain.

Please rate your level of stress regarding work? (0 = none to 5 = Severe) 0 1 2 3 4 5

Please rate your level of stress regarding family? (0 = none to 5 = Severe) 0 1 2 3 4 5

Please rate your level of stress regarding health? (0 = none to 5 = Severe) 0 1 2 3 4 5

Please rate your level of stress regarding financial? (0 = none to 5 = Severe) 0 1 2 3 4 5

Do you have a particular area of concern you would like to focus on today?

What would you like to get out of today's Reiki session?

Do you have any concerns you wish to discuss before the Reiki session begins?

REIKI TERMS AND CONDITIONS

1. Reiki treatments are given fully clothed on a massage table and should not be mistaken for a massage.
2. Reiki is a simple, hands-on energy technique that is used only for stress reduction and relaxation and is not a substitute for medical treatment. Reiki can complement any medical or psychological care you may be receiving.
3. It is recommended that you see a licensed physician or licensed health care professional for any physical or psychological ailment you may have.
4. As a Reiki practitioner, I do not diagnose conditions nor do I prescribe or perform medical treatments, prescribe substances, nor interfere with the treatment of licensed medical professionals.
5. 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 and to bring the system back into balance.
6. Self-improvement requires commitment on your part, and you must be willing to change in a positive way if you are to receive the full benefits of Reiki.
7. All information received during your Reiki session will be held in the strictest confidence unless there is a threat of danger where you may harm me or yourself as required by a court of law.
8. I will turn off all my electronic devices before arriving at the center to create a peaceful and relaxing environment for everybody in the sanctuary.

9. I will arrive 10 minutes before my appointment and understand that the center has a tight schedule.
10. If you're less than 15 minutes late, you'll receive a shorter session as I may not be able to lengthen the session.
11. If you're more than 15 minutes late, your appointment will be rescheduled. The full service fee will be charged.

REIKI CANCELLATION & REFUND POLICY

1. There are no refunds on Reiki services that have already been provided.
2. If you need to cancel or reschedule an appointment, please give 24 hours' notice.
3. If you do not call/show for your appointment, and have paid in full, a refund will not be issued.
4. If you do not show for your appointment, and have not paid in full, you will be charged the full service fee.

REIKI LIABILITY DISCLAIMER

I hereby release Dawn Fasig from all liability arising out of any reliance upon the advice/information given during the consultation of my Reiki session given at this time or any time in the future. I assume all risks and responsibilities for myself and release Vanessa Kary from any injury or liability that may occur during a treatment session. I have read, understand, and agree to these Policies, Terms and Conditions.

Printed Name:

Signature:

Date:
