

Sei Reiki Client Intake Form

Name: (Please Print) _____

Phone: _____ Mobile or evening: _____

Address: _____

Email: _____

Emergency Contact: _____

Current Medications and dosage: _____

Are you currently under the care of a physician? ____ Yes ____ No

If yes, physician's name and phone #: _____

Please list any known medical conditions or diagnoses we should be made aware of:

Are you sensitive to perfumes or fragrances? Yes _____ No _____

Are you sensitive to touch or sound? Yes _____ No _____

WHAT TO EXPECT:

We may work on your body or above your body, so please let us know if there are any areas that you do not want work done. If you do not wish to be touched please let us know. Our work is intuitive so we feel the energy and work where the energy is stagnant, deficient, stuck or unbalanced. You may feel many different results such as heat or cold, shivers, nausea, headache, relaxation, release, relief, ect. You may also feel nothing at all. Any reactions can happen immediately or even months later. No reaction is positive or negative, it purely is. It may mean something to you right away or it could be a mystery for a while. Both are normal. We find that energy medicine has a cumulative effect, so when you treat yourself to regular sessions, better health and well-being are natural outcomes. At the end, we will check in about anything that came up for you during the session. I have read the above statements and I understand and agree with them. My purpose to seeking the advice of Stacey Fredriksen is done so for educational purposes only.

I AGREE TO:

- Raise any questions or concerns about anything I do not understand.
- Take full responsibility for my own health care.
- Give consent to Stacey Fredriksen to conduct a session to balance my energy system. I acknowledge that this could involve touch and I can request otherwise.

I agree that Stacey Fredriksen cannot be held liable for any problems that might arise that I think could be attributed to the energy healing session. I have stated all of my known medical conditions to Stacey Fredriksen and if necessary I will keep her updated on my physical, mental, and emotional health. I acknowledge that Stacey Fredriksen practices for the purpose of providing mental / emotional / physical and spiritual support. I attest that I understand the nature of the session and freely elect to receive the techniques. I release Stacey Fredriksen from any and all claims of malpractice, non-disclosure, or lack of informed consent.

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 and sound therapy does not take place of medical care. It is recommended that I see licensed physician or licensed healthcare 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.

By placing an "x" in the box above and entering your name, you agree to the Informed Consent.

CANCELLATION POLICY:

As a courtesy to your healer, please allow at least 48 hours for cancellations or to reschedule your appointment. I understand and agree that if I miss my appointment a \$25 no-show fee will be assessed and is due before any future services are scheduled.

Signature: _____ Date: _____

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