

Dragonfly Pond Holistic Services, LLC

Client Questionnaire



Client Name: (Please print) _____

Phone (Home): _____ Cell phone: _____

Do you text via your cell phone? ____ Yes ____ No

Address: _____

City, State, Zip: _____

Email: _____

Emergency contact name and phone number: _____

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

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

What condition(s): _____

Are you currently under the care of a mental health professional? ____ Yes ____ No

If yes, therapist's name and phone number: _____

What condition(s): _____

Current medications, for what condition?

Have you ever had a Reiki, crystal therapy, or sound therapy session before? ____ Yes ____ No

If yes, when was your last session? _____

Number of previous sessions? _____

What were the sessions needed for? _____

What was administered (Reiki, crystal therapy, sound therapy, etc...)?

Do you have a particular area of concern, physical pain/mental issue?

Are you sensitive to perfumes or fragrances? ____Yes ____No

Please list:

Do you have allergies? ____Yes ____No

Please list:

In general, are you sensitive to touch? ____Yes ____No

If yes, please explain:

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/psychological 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.

I acknowledge that Reiki, crystal therapy, sound therapy, or any other type of energy healing **does not guarantee a cure and is not a substitute for medical or psychological treatment, but only a supplement to these treatments.**

Client signature: _____ Date: _____

Client print name: _____

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.