

New Client Registration

Name <i>(Last, First, M.I.):</i>		DOB:	Age:
Nickname:		Email:	
Street address:		City:	State:
Home phone:		Work phone:	
Employer/School:		Occupation/Grade:	
Relationship status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Birth Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown		Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Transgender <input type="checkbox"/> Queer <input type="checkbox"/> Non-binary <input type="checkbox"/> Other	
Race/Ethnicity:		Sexual Orientation: <input type="checkbox"/> Hetero <input type="checkbox"/> Gay/Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Asexual <input type="checkbox"/> Other	
Insurance:		How did you hear about us?	

Have you ever had a Reiki session before? ___Yes ___No. If so, when? _____ Number of previous sessions _____
 Do you have a particular area of concern? _____

Are you sensitive to perfumes or fragrances? _____ Are you sensitive to touch? _____

Reasons for Reiki Treatment:

- Anxiety Relief Pain Relief Relaxation Trauma Healing from Relationships Spiritual Growth
- Mental Clarity Other _____

Missed/Canceled Appointments

I understand that routine cancellations or missed appointments may result in fees, as well as a referral to another agency for ongoing services. In the event that I miss or cancel multiple appointments, I accept that I may be referred to another facility that may be able to accommodate a more irregular therapy schedule.

Initialing here indicates you have read and agree to the above terms. Initials _____

Authorization for Messages

I authorize that email messages regarding my appointment time may be sent to the email I have listed. ___Yes ___No
 I authorize that voicemail messages may be left at the phone number I have listed. ___Yes ___No
 I authorize that I can receive text messages at the phone number I have listed. ___Yes ___No

I hereby by consent and agree to receiving emails from 3Rivers Wellness for appointment reminders. I understand that the risk of Protected Health Information (PHI) through email, and with this agreement I am accepting these risks to my PHI. I accept 3Rivers will not be responsible for any exposure of email communications at my home or place of employment, depending on the location of my email address. I also agree never to use email communications for emergency situations, and to call the office directly with any emergencies. I understand that I can terminate this agreement at any time by informing YOUR NAME in writing with my signature.

Initialing here indicates you have read and agree to the above terms. Initials _____

Financial Agreement

I understand that if I will pay in full, at the time of service, for all services rendered on my behalf.

I understand that 24 hours' notice of cancellation is required to avoid a \$50 charge for missed appointments. I also understand that I may be charged a late fee if I arrive more than 15 minutes late to my appointment. In the event my account is sent to collections, I agree to pay for all charges incurred, court costs, interest, and reasonable attorney's fees. Your signature indicates that you have read and agree to the financial agreement.

Initialing here indicates you have read and agree to the above terms. Initials_____

Informed Consent for Reiki Treatment

Before your session, please read over and initial each the following indicating your understanding:

_____ **What is Reiki?**

The Usui System of Reiki Healing is a palms-on healing practice. Reiki is an ancient laying-on-of-palms healing technique that uses the Universal life force energy to balance the subtle energies within our bodies and to heal. Reiki practitioners act as a conduit or channel through which Reiki energy travels. The intended result of receiving Reiki is a balanced physical, mental, emotional, and spiritual being. Reiki is being used today in clinics and hospitals all over the world to support health, wellness and transition.

_____ **What happens during a Reiki treatment?**

During a Reiki treatment, you will lay fully clothed on a massage table, covered in a blanket if you choose, listening to soothing music. Your Reiki practitioner will lay their hands on your body in a series of hand positions to deliver Reiki energy. A Reiki treatment generally covers first your head then the front of your body and finally the back of your body. If the reclined position is uncomfortable, Reiki can be performed while you sit in a chair or on a stool.

_____ **What does Reiki feel like?**

Reiki tends to feel warm and profoundly relaxing. You may feel the hands of the Reiki practitioner become hot or tingly. Some people describe a floating sensation and some see colors or shapes during the session. Some people fall asleep. Some experience emotional release. There is no expected experience- Reiki treatment is unique for each individual who receives it.

_____ **What are the benefits of several sessions?**

Just like meditation, or movement arts, the effects of Reiki are cumulative. While one session can be helpful, repeated, regular Reiki treatments can invite significant improvement. As an example: if you exercise for an hour, you will receive benefit. If you exercise every day for a month, the results will be much more profound. Reiki works similarly – regular sessions support well-being in every way. The most common benefits of Reiki treatment include the following: *enhanced self-awareness and intuition, regulate blood pressure, reduce migraines, improved sleep, soothes emotional distress, and removes energy blocks.*

_____ **Can Reiki "cure" me?**

Reiki is a complementary medical art that works well alone as well as in concert with other treatments. Healing is often the result of gentle shifts in awareness, release of emotional patterns, achievement of new understanding, and daily practice. Reiki is not a **replacement for traditional medical treatment.**

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 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 agree that I will inform my practitioner of any significant health changes prior to future appointments. 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 understand that Reiki practitioners are providing Reiki at my request and are not responsible for the outcome of the session. Reiki treatments are given fully clothed on a massage table. Blankets, bolsters and soft music may be used for additional comfort or relaxation benefit.

Client Signature

Date

Client's representative signature (if applicable)

Representative's Authority