REIKI TREATMENT CONSENT FORM

TERMS & CONDITIONS

Coffee Chaos and Kisses/Practitioner Katherine Pardee

Clients name:

I have been advised that if I suspect I may have a medical condition I should seek help from a qualified medical practitioner.

I am over the age of 18/Or a parent of a minor receiving services.

The information I have given is true to the best of my knowledge and I have not withheld any relevant information.

I understand that all the information I have given will be treated in the strictest of confidence.

The Reiki Practitioner has fully explained the treatment and the procedures involved.

I understand that at all times, my personal body privacy will be maintained, and I am not required to remove any clothing, except shoes.

I confirm that the details given by me to the Reiki Practitioner are correct. If any of the personal information I have given changes. I will inform the practitioner accordingly.

I have had the opportunity to ask questions regarding the Reiki Treatment and am willing to proceed with the Reiki Treatment.

I undergo this Reiki Treatment entirely at my own risk and understand that the Reiki Practitioner accepts no liability for loss or injury resulting from this treatment.

I understand that the fee per Reiki Treatment is $100

Signed (Client):

Print Name (Client):

Date:

Signed (Practitioner):

Print Name (Practitioner):

Date: