

Angel Wings & Amethyst Healing House

Reiki Private Session Intake Waiver Form

First Name: _____ Last Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Cell Phone: () _____ Home Phone: () _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: () _____

Have you received Reiki before? Yes _____ No _____ If Yes, when was your last session? _____ How many? _____

What are your healing session goals? _____

Are you sensitive to touch? Yes _____ No _____ If Yes, please explain: _____

Are you sensitive to perfumes or fragrances? Yes _____ No _____ Are you sensitive to burning incense / smudges? Yes _____ No _____

Do you have any allergies? Yes _____ No _____ If yes please list: _____

Are you currently under the care of a Physician? Yes _____ No _____ A Psychotherapist? Yes _____ No _____ Rx for meds _____

Do you have any of the following health condition? Please mark all that apply. Please explain diagnosis where applicable.

Diabetes _____ Insulin Dependent Y N Low Blood Sugar _____ Dizziness _____ Vertigo _____ Syncope _____ Varicose Veins _____

Skin Allergy _____ Rashes _____ Ulcer _____ Digestive Issues _____ Type _____ Eating Disorder _____ Type _____

Cancer _____ Type _____ Tumor _____ Where _____ Headaches _____ Seizure/Epilepsy _____ Heart Condition _____

Diagnosis _____ Stroke _____ TIA _____ CVA _____ Blood Disorders _____ Type _____ Blood Clots _____

Location _____ Pregnancy _____ Gestation _____ weeks High/Low Blood Pressure _____ Under control Y N

Autoimmune Disorders _____ Type _____ Spinal Issues _____ Location _____ Diagnosis _____

Arthritis _____ Joint issues _____ Body part _____ Joint Replacement _____ Broken Bones (FX) _____ Surgical Repair _____

Body part _____ Fracture age _____ Recent Surgeries _____ Type _____ When _____

Do you have difficulty laying on your back? Yes _____ No _____ Do you prefer to sit upright for the session? Yes _____ No _____

Would you prefer to change positions during the session? Yes _____ No _____ Are you comfortable with the use of: Angels _____

Crystals _____ Healing Stones _____ Singing Bowls or other healing Instruments _____ Essential oils _____ Tuning Forks _____

Do you have any special requests for your healing sessions? _____

Do you have questions or concerns about your healing sessions? _____

Please turn over to continue, please read entire page and sign, Thank You.

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

_____ **What is Reiki?** The Usui System of Reiki Healing is a hands-on healing practice. Reiki is an ancient laying-on-of-hands 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. The relaxation response of Reiki healing helps to promote or activate the natural healing process within. 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 may lay their hands on your body in a series of hand positions to deliver Reiki energy. A Reiki treatment generally covers first your heart or head then the front of your body and finally the back of your body. If the reclined position is uncomfortable, Reiki can be performed angled semi-upright or while you sit in a chair.

_____ **What does Reiki feel like?** Reiki tends to feel warm and profoundly relaxing. It can be described as a massage for the soul. You may feel heat or a tingly sensation during the healing, the hands of the Reiki practitioner may touch you at times. You may feel the chest become heavy and experience deep breathing, which is completely normal. 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 treatments are unique for each individual who receives it.

The most common results of Reiki treatment include:

- **Perceived Reduction in Stress • Increased Relaxation • Enhanced sense of Balance, Centering and overall Calmness.**

_____ **What are the benefits of several sessions?** Just like meditation, or yoga, the effects of Reiki are cumulative. While one session can work wonders, 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.

_____ **Can Reiki “cure” me?** Reiki is a complementary medical art that works well alone, as well as in concert with other treatments. Reiki relaxes the mind, body & soul creating an ideal environment for the natural healing process to begin. Reiki 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 acknowledge that treatments administered are only for the sole purpose of helping me relax and relieve stress. I understand that I will be fully clothed during the session, and experience a series of hand positions above and/or on my body. 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 also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that I have complete control over my body, mind, and spirit, I can create or manifest dis-ease within. 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 also acknowledge that it is in my best interest to give myself permission to relax and allow the process to flow freely. I also understand that I am safe and at any time I feel uncomfortable I am free to open my eyes, and ask the practitioner to stop.

Having read, completed and understood the foregoing, I request to receive Reiki treatments. I understand that my practitioner is providing a Reiki treatment for me at my request, and is not responsible for the outcome of the Reiki session. I agree to hold Terri Buccilli or Yoga in Manor Park harmless for any intended or unintended result. I have read and understand the above and I attest that the above information is true and correct.

Reiki Recipient - Print Name: _____

Recipient / Parent if under 18 - Signature: _____ **Date:** _____