



# REIKI CLIENT INFORMATION FORM

## **PERSONAL HISTORY (Please Print)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Cell phone or evening: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Have you ever had a Reiki session before?** \_\_\_\_\_ Yes \_\_\_\_\_ No

## **MEDICAL HISTORY**

On a scale of 0-10, how would you rate your **pain and/or discomfort** (0=none; 10=severe)? \_\_\_\_\_

On a scale of 0-10, how would you rate your **stress and/or anxiety** (0=none; 10=severe)? \_\_\_\_\_

**Do you have a particular area of concern?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

**Are there any areas of the body with pain/stiffness?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

**Have you recently had an injury, surgery, or areas of inflammation?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

**Are you currently under the care of a physician?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, physician's name: \_\_\_\_\_

**Please list any chronic medical conditions:** \_\_\_\_\_

**List any medications you are taking:** \_\_\_\_\_

**List any allergies:** \_\_\_\_\_

**Are you sensitive to perfumes or fragrances?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

**Sleep Positions (check all that apply)** \_\_\_\_\_ Back \_\_\_\_\_ Stomach \_\_\_\_\_ Side(s)

Any discomfort? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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.

How did you hear about us?

\_\_\_\_\_ Family/Friend (name: \_\_\_\_\_)

\_\_\_\_\_ Facebook      \_\_\_\_\_ Google      \_\_\_\_\_ Thumbtack      \_\_\_\_\_ Yelp

\_\_\_\_\_ Other (please specify: \_\_\_\_\_)

**Would you like to receive any of the following emails:  
(be sure to write your email clearly on the front of this form).**

\_\_\_\_\_ **Specials / Discounts / Promotions**

\_\_\_\_\_ **Upcoming Community Events that I/we partake**

\_\_\_\_\_ **Upcoming Reiki Classes**