



REVEALING COLORS

Reiki Client Information Form

Name: (Please Print) * _____

Phone: _____

Email: _____

Would you like to receive monthly promotional emails? Yes No

Emergency Contact & Phone: * _____

Current Treatments/Medications: _____

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

Do you have a particular area of concern? * _____

Are you sensitive to touch? * Yes No

Have you read "What to Expect During Your Reiki Session"? * Yes No

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:

All client information is private and is not shared without written consent of the client or parent/guardian if the client is under 18.

* Required