Reiki Client Intake and Informed Consent Form - Sacred Space Reiki

Name: (Please Print)				
Phone (home):	one (home): Cell phone or evening:			
Address:	City:	Province:	P.O.:	
Email :	Would you lik	ce to be added to or	ur mailing list?yesno	
Emergency Contact Nam	ne:	Ph	none:	
Are you sensitive to perf	umes or fragrances?			
Are there allergies/medi	cations you may wish us to be	e aware of?		
Would you prefer a	hands on treatment or	hands off treatmer	nt or combination a?	
How did you hear about	Sacred Space Reiki?			
Have you ever had a Rei	ki session before? Yes No	If yes, how mar	ıy?	
What are your common	areas of pain or tension?			
Do you have a particular	area of concern?			
I.		understand t	hat Reiki is a simple.	
	technique that is used for str			
	is often able to heal itself. I ur			
diagnose conditions nor	do they prescribe or perform	medical treatment	, prescribe substances, no	
interfere with the treatn	nent of a licensed medical pro	ofessional. I underst	and that Reiki is a	
complimentary treatment	nt and not meant to replace n	nedical and psychol	ogical service.	
The cost for a Reiki sessi	on is \$60. All payments are du	ue at the time of se	rvice by cash, cheque or	
e-transfer. Cancellation	of your appointment is to be i	made a minimum o	f 24 hours before the	
appointment. There is a	\$25 fee for all NFS cheques. I	agree to these tern	ns.	
Signed:		Date:		
Privacy Notice: No inform	mation about any client will be	e discussed or share	ed with any third party	
without written consent	of the client or parent/guard	ian if the client is und	der 18.	