

REIKI CLIENT INFORMATION FORM

Name: (Please Print) _____

Phone: (home): _____ Cell: _____

Address: _____

City, State, Zip: _____

Email (Optional): _____

Emergency Contact: _____

Current Medications and dosage: _____

Are you currently under the care of a physician? ___ Yes ___ No

If yes, physician's name: _____

How did you hear about us? _____

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

If yes, when was your last session _____

Number of previous sessions _____

Do you have a particular area of concern? _____

Are you sensitive to perfumes or fragrances? _____

Are you sensitive to touch? _____

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation and there may be an elevated risk of COVID19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time; I voluntarily agree to assume those risks, and I release and hold harmless the practitioner/business from any claims related thereto. I give my consent to receive treatment from this practitioner. 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.

I understand that my Reiki practitioner is not a doctor and cannot prescribe or give medical advice.

Client

Signature: _____ Date: _____

Reiki Practitioner's

Signature: _____ Date _____

Privacy Notice:

No information about any client will be discussed or shared with any third party without the written consent of the client or parent/guardian if the client is under 18.