

## Reiki Client Information Form

Name: (Please Print) \_\_\_\_\_

Phone (and preferred contact times): \_\_\_\_\_

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 (if agreed upon) 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.