



Reiki Client Information Form

Name (please print) _____

Phone (home) _____ Cell (or evening) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email (optional) _____

Please initial if you would like to receive informational emails from Inner Buddha: _____

Emergency Contact: _____

Current Medications and dosage:

Are you currently under the care of a physician _____ Yes _____ No

If yes, physicians 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 fragrances such as Ceremonial Sage? _____ Yes _____ No

Would you like to include essential oils in your session? _____ Yes _____ No

Are you sensitive to touch? _____ 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 to interfere with the treatment of a licenced medical professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licenced physician or health care professional for any physical or psychological alignment 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 self-heal.

Signed: _____ Date: _____

Love More, Worry Less

www.innerbuddha.ca

Privacy Note: No information provided will be discussed or shared with any third party without written consent of you, the client, or parent/guardian if client is under 18.