Spiritually Elevate

Reiki Client Information Form

Name (please print)_____ Date_____
Email_____
Mailing Address_____
Phone_____
Emergency Contact_____Phone_____
Current medications and dosage:_____
Are you currently under the care of a physician?_____Reason_____
Have you ever had a reiki session before?_____If yes, when?_____
Do you have any particular concerns or goals for this session? If so, please note____
_____
_____
Do you have any issues lying flat on your back or stomach for an extended period of time?
_____
Are you sensitive to any scents or fragrances?_____
Are you comfortable with light touch during session?_____
(Please indicate if you are more comfortable with hands-off treatment)
***I usually practice hands off however if I feel called to light touch certain hand placements I follow my guided direction.**
Do you have any questions or concerns before your session begins?_____
_____

I understand that reiki is a simple, gentle, hands-on energy technique that is used for stress reduction, relaxation, and overall well-being. I understand that reiki practitioners do not diagnose conditions, nor do they prescribe or perform medical treatment, prescribe medications, 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 health care professional for any physical or psychological ailment that I may have. I understand that reiki can compliment 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.

Signature_____ 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 minor child.