

## **Reiki Client Information Form**

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 of 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 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 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.	Name (please print)	Date					
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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.