Reiki Client Information Form Name: (Please Print)

The following information will be used to help plan safe and effective Reiki sessions.

Please answer the questions to the best of your knowledge.

Name: ____

Phone (home): _____________________ Cell phone or evening: _____________________________

Address: ____

City, State, Zip: ____

Email: ____

Emergency Contact: ____

Relationship: _____________________________ Phone: __________________________________

Are you currently taking any medications? Yes______ No _______

If yes, what are the medications for (ie: heart, diabetes, high blood pressure etc.)?

____

____

Heart issues or pace maker: ____

Are you currently under the care of your Family Physician or Specialist? Yes ___ No ___

If yes, please elaborate: ____

____

Are you currently receiving other alternative treatments? Yes ___ No ___

If yes, what type ie: Homeopathy, acupuncture etc? ____

Do you or have you ever suffered from seizures of any sort? Yes ___ No___

If yes, please elaborate: ____

Check with an x if you have any of these conditions:

( ) Arthritis ( ) Asthma ( ) Back Pain, _______________________________ ( ) Bleeding ( ) Circulatory Problems
( ) Diabetes ( ) Epilepsy or Seizures ( ) Frequent Headaches ( ) Heart Ailment ( ) Joint Swelling
( ) Skin Disorders/rashes__________________________ ( ) TMJ Syndrome ( ) Low or ( ) High Blood Pressure
( ) Allergies/ Sinus

Allergies or sensitivities (please list food): ____

____

Do you have any difficulty lying on your front or back? Yes______ No ____

If yes, please explain: ____

Do you experience stress in your work, family, or other aspect of your life? Yes ____ No _____

If yes, how do you think it has affected your health? (Please circle all that apply)

Muscle tension, Anxiety, Insomnia, Irritability, Headaches/Migraines

Other ____

Is there a particular area(s) of the body where you are experiencing tension, stiffness, pain, or other discomfort?

Yes ___ No _____ if yes, please explain: ____

____

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 or intention to focus on? ____

____

____

What is your goal for today's Reiki session? **(Please circle all that apply)**

Relaxation, Wellness, Increased vitality, Stress reduction, Pain reduction, Other:___________________________

Are you sensitive to perfumes or fragrances? ____

Are you sensitive to touch? _____Yes ______No

Are you OK with being touched "appropriately" during the Reiki session or do you prefer not to be touched at all? **Touch is OK ____ Prefer not to be touched ____**

Inappropriate touch of any kind by the Reiki practitioner or the client is a breach of the Reiki Code of Ethics

Do you have any concerns you wish to discuss before the Reiki session begins? 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, 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.

Signature of client ____ Date _____________

Signature of Reiki Therapist ____ Date _____________

Signature of parent (if client is under the age of 18) ____________________________ 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.