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### **Intake and Consent Form**

This Intake and Consent Form has been given to you to provide valuable information to assist in your massage and bodywork session. While sharing most information in this form is voluntary, you must fill out the contact information, as well as sign the consent at the end of this form, for us to work with you.

All information we obtain about you, whether written or shared verbally during session, and whether from you directly or another source, will be held in the utmost confidentiality.

We will never share your information, medical or otherwise, without your express written consent and direction, unless otherwise required by law.

While providing personal and medical information about you is entirely voluntary, without this information you may impair the progress of your sessions and potentially create risks to your health.

If you have any questions about how to complete this form, how we use your information, or what your rights are regarding your information, please ask your therapist immediately before signing below.

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_



NEW CLIENT INTAKE & CONSENT FORM - REIKI

Today's Date: \_\_\_\_\_

## ABOUT YOU

Name		
Email: May we add you to our subscriber list to get email updates, newsletters, and special offers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address	City/State	Zip
Your occupation	Date of birth	

## CONTACT INFO

Mobile Phone	Home Phone	Work Phone
Is it ok to leave a message at mobile number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it ok to leave a message at home number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it ok to leave a message at work number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency contact name and telephone number		
How would you like to be notified of your appointments? Circle all that apply		
	Telephone	Email      Text
How did you hear about us?		

## REIKI SESSIONS

Have you ever had a Reiki session before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how recently?	
What are your goals/expected outcomes for receiving a Reiki session on this visit?	
List and prioritize your current concerns (stress, pain, stiffness, numbness/tingling, swelling, emotional, spiritual, etc.):	
What aggravates your symptoms?	What relieves your symptoms?
Do you have specific areas of your body you would like addressed during this Reiki session?	Are there any areas you specifically want avoided during your session? If yes, please list here.



**HEALTH INFORMATION** — If more room is needed for any answer, please continue your answer on the back of this page.

<p>Are you wearing contacts?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          Are you wearing dentures?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          Are you wearing hearing aids?    <input type="checkbox"/> Yes    <input type="checkbox"/> No          Are you wearing a hairpiece?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Are you currently pregnant?    <input type="checkbox"/> Yes    <input type="checkbox"/> No If          yes, how many weeks? _____ Due date: _____          Are you currently trying to become pregnant?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>Please list any medications you currently take:</p>
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Please list any allergies and/or skin sensitivities:

  
  
  

Are you allergic to nuts or nut products?     Yes     No

If yes, please list the types of nuts:

How do you feel today?

**CONSENT FOR TREATMENT**

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that adjustments can be made to my level of comfort.

I further understand that massage/bodywork and energy work should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should seek a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that Reiki does not take the place of medical care. I understand that Reiki can complement any medical or psychological care I may be receiving.

I understand that Reiki, massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments or diagnosis, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. Understanding all of this I give my consent to receive care.

Client signature Parent or Guardian Signature (in case of a minor)	Date
✓ _____	_____