



Reiki Intake Form

Name: _____

Email Address: _____

Phone Number: _____ Cell Phone: _____

Address: _____

Province: _____

Date of Birth: _____ Birth Place: _____

Occupation: _____

Relationship Status: _____

Do you have Children: _____ If yes, how many: _____

How many members are in your household: _____

Emergency Contact:

Name: _____

Phone Number: _____

How did you hear about me: _____

If it was a Referral who referred you: _____

What are you hoping to get from these sessions:

Please check all the conditions that apply:

Emotional:

- | | |
|--|--|
| <input type="checkbox"/> Stress/Anxiety | <input type="checkbox"/> Guilt |
| <input type="checkbox"/> Fears/Phobias | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Relationship issues | <input type="checkbox"/> Anger/Frustration |
| <input type="checkbox"/> Lack of Joy/Purpose | <input type="checkbox"/> Resentment |
| <input type="checkbox"/> Trauma/Abuse | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Panic Attacks | <input type="checkbox"/> Prosperity/Success Issues |

Physical:

- | | |
|--|--|
| <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Stomach Issues |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Blood Disorder |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Nerve Disorder |
| <input type="checkbox"/> Tension Headaches | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Sore Muscles | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> MS | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Spinal Injury | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Broken Bones | |

Other Issues not mentioned above:

Have you had Reiki before? Yes / No If Yes when: _____

How was your experience: _____

Informed Consent Form

Reiki is NOT a replacement for medical treatment!

Do you understand this statement?

Yes

No

What is Reiki?

Reiki is a pure form of healing energy. A treatment feels like a wonderful glowing radiance that flows through you and surrounds you. This energy treats the whole person including body, emotions, mind, and spirit and creates many beneficial effects including relaxation and feelings of peace, security, and well-being. These are natural and safe methods of healing and self-improvement that many can benefit from.

Do you understand this statement

Yes

No

Payment for Services

It is the client's responsibility to pay for services in full for services rendered by Aerie Wellness at the time the services are rendered.

Do you understand this statement?

Yes

No

Privacy Notice:

Information shared between the client and the practitioner before, during, and after the session is privileged information. 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.

Do you understand the Privacy Notice?

Yes

No

Consent for Service:

The services offered neither diagnose nor prescribe for any disease or condition. All clients are encouraged to seek competent medical help when those services are deemed necessary. The client accepts total responsibility for his/her own health care and maintenance. Nothing said, typed, printed, or produced by the provider is intended or meant to diagnose, prescribe, treat a disease, or take the place of a licensed physician.

By signing below, I understand that the healing sessions provided involve a natural method of energy balancing for the purpose of stress reduction, relaxation, and healing. An energy worker will not interfere with the treatment of a licensed medical professional. I also understand that it is not massage therapy. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I have. I acknowledge and fully agree with the above information.

Do you understand and consent?

Yes

No

Client Name: (Please Print) _____

Client Signature: _____

Date: _____