

Client's Full Name (please print): _____

Address: _____

City, State, Zip: _____

Date of Birth: M _____ D _____ Y _____

Phone (home): _____ Cell phone: _____

Best time to reach you: (Please circle) Morning Afternoon Evening

Email: _____

Emergency Contact: _____

Are you currently under the care of a physician? (Please circle) Yes No

If yes, physician's name: _____

Do wear a pacemaker? (Please circle) Yes No

Please list any serious past or present illnesses or diseases (e.g. cancer, asthma, reflux, etc.):

Do you have any difficulty lying on your front, back, or side? (Please Circle) Yes No

If yes, please explain: _____

Do you have a particular area of concern? _____

Are you currently receiving any other alternative treatments? (Please Circle) Yes No

If yes, please specify. (i.e. homeopathy, acupuncture, etc.) _____

Have you ever had a Reiki session or energy work before? (Please circle) Yes No

If yes, when was your last session? _____ Number of previous sessions _____

What are your goals in receiving Reiki / Biorgonomy treatments? _____

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

Yes____ No____

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 to facilitate the level of relaxation needed by the body to heal itself.

I recognize that just as a prescribed medication is only effective if taken as directed, Reiki session programs must be followed to be truly effective. I acknowledge my commitment to my self-improvement process. I understand that Reiki can complement any medical or psychological care I may be receiving.

I understand and have read and completed this form truthfully and to the best of my ability. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I consent to the service being undertaken and I hereby indemnify Melissa Schumacher and Morning Sun Energy Healing from any claims whatsoever. I understand that there are no guarantees or refunds as to the results of this service.

I hereby agree to all the above and grant permission to have this treatment performed on me.

Signed: _____ Date: _____

How did you hear about Morning Sun Energy Healing? _____



CONSENT TO TREATMENT AND TOUCH

I _____ do hereby consent, authorize and request
Melissa Schumacher to administer Reiki treatments as requested.

Touch Description: Treatments will involve a gentle placement of hands on or above the person's fully clothed body. This may include light physical touch or sweeping hand motion above the body. Placements of hands may be in any and all parts of body depending on the medical condition of the patient. This may include but are not limited to breast region, groin region and buttocks*. *(Inappropriate touch of any kind by the Reiki Practitioner or the client is a breach of the Reiki Code of Ethics.)*

I agree to hold Melissa Schumacher free and harmless from any claims, suits for damages or complications which may result from such treatment.

Signed: _____

Date: _____

Reiki Master Signature: _____