

20 Hour Reiki Master Pre-requisite Instructions

1. 20 hours must be **completed, documented and reviewed** by Reiki instructor a **minimum of 1 week prior** to the Reiki master class. It is your responsibility to schedule a time with the Reiki master instructor to review your documentation.
2. The 20 hours can include a combination of distance sessions as well as in-person sessions. They must be done on a minimum of 10 different individuals, animals and/or situations. The hours can also be a culmination of 15 minute, 30 minute and/or 60 minute sessions. For distance and animal sessions make sure you ask for permission of their higher selves prior to sending reiki.
3. Remember to follow the steps for a session from your Reiki I and II training:
 - a. Prepare/Cleanse/protect the space, yourself
 - b. Ask client their goals for session
 - c. Draw symbols into hands, ask for guidance and protection
 - d. Do byosen scan to clear/heal aura
 - e. Do hands-on reiki session
 - f. Use ice pick, chk handle, scissors, etc. to clear energy
 - g. Fill up chakra gas tanks with chk
 - h. Seal session with chk
 - i. Give final blessings of thanks and gratitude
 - j. Cleanse self
 - k. Post client session interview
4. Each session needs to be documented with the following templates – feel free to edit/modify to personalize for your sessions:
 - a. California client information form and waiver – only needs to be filled out for the first session
 - b. Client GOAL/INTAKE evaluation Form - to be filled out by the client prior to the session. review with the client before beginning the session. answer any questions they might have about reiki or your qualifications before starting the session.
 - c. Client evaluation Form – POST SESSION - to be filled out by client immediately after the session before any discussion with practitioner has taken place.
 - d. Reiki practioner treatment form – to be filled out by reiki practitioner directly after client session and post client interview has taken place. Please take **detailed notes** of your session as these will be reviewed by instructor 1 week prior to class.
5. Given that you are using this as a pre-requisite for the master class I would strongly suggest that you offer these sessions for free.

California Client Information Form & Waiver

California Client Information Form & Waiver

<TO BE FILLED OUT BY FIRST TIME CLIENTS. >

Welcome to Reiki! The purpose of this form is to give you some basic information on Reiki.

What REIKI is

Reiki is a form of complementary Healing, which enhances the body's ability to heal itself.

What Reiki is NOT

Your practitioner is not a licensed physician. REIKI is a complement to 'healing arts services licensed by the state', i.e., it is a complement to more traditional western medicine provided by doctors, nurses and hospitals. As a complementary or alternative medicine, REIKI does not require licensing by the state.

Nature of the Services Provided

During a Reiki Session, The client lies down or is seated, fully clothed. The practitioner(s) place their hands on or above the body and allow the REIKI to radiate from the hands.

Theory of Treatment

Stress, trauma and illness restrict the natural flow of Ki or Chi life force energy through the body. By restoring KI to the body, Reiki rejuvenates the body's ability to relax and de-stress, and supports its ability to heal itself. It is a way to 'tune-up' your energy to its healthiest state allowing for healing to take place.

In addition to the practitioner radiating the Reiki energy through their hands, sessions may involve the practitioners sweeping their hands above the body in various ways, or incorporating breath or vocal tones to break up energy blocks.

Practitioner's Qualifications

<to be filled in by you – mention your level of training, how many months/years you have been practicing reiki. >

Client Acknowledgment (Will be kept on file for 3 years)

I have been provided with a copy upon request of the above document, in accordance with California state law

Client Signature: _____ Date _____

Please Print Name : _____

Client GOAL/INTAKE evaluation Form *-(TO BE FILLED OUT BY CLIENT)*

Client Name: _____ Date: _____

What would you like to get out of your reiki session today?:

If you've been here before, have there been any changes since your last session?

___ This is my first reiki session ___ No ___ Yes (please explain below):

On a scale of 1 to 7 please rate how you are currently feeling:

| | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No Stress | | Moderate Stress | | | Debilitating Stress | |
| <hr/> | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No Pain | | Moderate Pain | | | Debilitating Pain | |
| <hr/> | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No Confusion * | | Moderate Confusion | | | Debilitating Confusion | |

*Confusion = is your life purpose/path clear to you – do you seek guidance and/or direction in your life's purpose

Client evaluation Form – POST SESSION - *-(TO BE FILLED OUT BY CLIENT immediately after session, before any discussion takes place)*

Client Name: _____ Date: _____

How are you feeling **after** your reiki session?:

How did you feel **during** your session?:

On a scale of 1 to 7 please rate how you are feeling **after** the reiki session:

| | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No Stress | | Moderate Stress | | | Debilitating Stress | |
| <hr/> | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| <hr/> | | | | | | |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| No Confusion | | Moderate Confusion | | | Debilitating Confusion | |

How can we make your experience better for your next Reiki session?:

Reiki practitioner Treatment Form

–(TO BE FILLED OUT BY reiki practitioner)

Date:

Client Name:

Session Number *(how many sessions has this been for this individual):*

Reason for Visit:

Changes since last session *(if any):*

Treatment Notes *(what steps did you take, what impressions did you receive, what techniques did you use):*

Post client interview *(what did you discuss, was there any additional insight or learnings that took place during the post session interview):*

Length of Treatment: minutes.

Future treatment plans *(if any):*