

Reiki Client Information Form

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email (Optional): _____

Emergency Contact: _____

Current Medication & Dosage: _____

Are you currently under the care of a physician? YES ___ NO ___

If yes, when was the last session? _____

Do you have a particular area of concern? _____

Are you sensitive to fragrances? YES ___ NO ___

Would you like Essential Oils during your session? 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, no interfere with the treatment of a licenses medical professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licenses 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.

Signed: _____ 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.