Reiki Client Information Form

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| Name (Please Print) | Click or tap here to enter text. |
| Phone (Home)/Cell phone  | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |  |
| City/State/ Zip Code | Click or tap here to enter text. |  |
| Email (Optional) | Click or tap here to enter text. |  |
| Current Medication and dosages | Click or tap here to enter text. |  |

Are you currently under the care of a physician? [ ] Yes [ ] No

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| If yes, physician’s name:  | Click or tap here to enter text. |
| How did you hear about us? | Click or tap here to enter text. |
| Have you ever had Reiki session before? | [ ]  Yes [ ]  No |
| If yes, when was your last session? | Click or tap here to enter text. |
| Number of previous sessions | Click or tap here to enter text. |
| Do you have a particular area of concern? | Click or tap here to enter text. |
| Are you sensitive to perfumes or fragrances? | Click or tap here to enter text. |
| Are you sensitive to touch? | Click or tap here to enter text. |

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 diagnosis conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licensed 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 can 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 need by the body to heal itself.

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| Signed: Click or tap here to enter text. | Date: Click or tap here to enter text. |

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.