



Reiki Client Information Form

Today's Date: _____

Name: (Please Print) _____ Date of Birth _____

Address: _____

City, State, Zip: _____

Phone: Home _____ Cell _____ Work _____

Email address: _____

How did you hear about us? _____

Area(s) of concern: _____

If you didn't have this concern, how would your life improve?

Please check if you have ANY of the following conditions:

Seizure Disorder Hypoglycemia High Blood Pressure Taking Blood Thinners

Kidney Problems Photosensitivity Alcoholism Pregnancy Cancer

Allergies. If yes, please list: _____

Pacemaker Heart Condition Sensitivity to fragrances Sensitivity to touch

Present conditions and current medications:

Previous conditions/illnesses: _____

Are you currently under a physician's care? No If yes, physician's name & address:

Have you ever had a Reiki session before? No If yes, how many? _____

Date of last Reiki session: _____

Previous response(s) from Reiki session(s): _____

Informed Consent and Release

I understand that Reiki practitioners do not diagnose 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 is not medical care, and it does not take the place of medical care. It is recommended that I consult a licensed physician or licensed healthcare professional for the treatment of physical or psychological ailments I may have. I understand that Reiki care is not a treatment for any physical or psychological condition. However, my body and mind can benefit from Reiki through reducing impediments to energy flow by natural means.

I understand that Reiki is a simple, gentle, hands-on energy technique that many people feel offers them stress reduction and relaxation. I understand that Reiki sessions may bring up past memories and/or traumas to surface for release. This release may cause physical or emotional discomfort. I understand that all people are unique, and each person's results may vary.

When appropriate, my Reiki practitioner may recommend and use essential oils as part of the Reiki session. They are not intended to treat any condition, disease or malady. Essential oils are only used to improve the results from the Reiki session, for wellness purposes. Reactions to essential oils may occur, such as but not limited to skin rash. If I feel I am experiencing a negative reaction, I agree to immediately discontinue using any essential oils and contact my Reiki professional immediately.

I also understand the body has the ability to heal itself. For best results, complete relaxation is necessary. I acknowledge that long term imbalances in the body may require multiple sessions in order to facilitate the level of relaxation needed by the body to best heal itself.

Signed _____ Date: _____

Parent/Guardian _____ Date: _____

Emergency Contact & phone number: _____

Privacy Notice: No information about any client will be discussed or shared with any third party without the prior written authorization from the client or their parent/guardian.