



Client Information Form - Reiki

Name: _____ Birth Date: _____

Address: _____ City _____ State _____ Zip _____

Preferred Contact Method: (Cell) _____ (E-mail) _____

Occupation: _____

Referred by: _____

Emergency contact person: _____ Phone: _____

oYes o No Have you ever had a Reiki session before?

If yes, when was your last session? _____

Number of previous sessions _____

oYes o No Are you currently under a physician's care for any condition? Please describe: _____

Physician's name: _____ Phone: _____ Fax: _____

Primary reason for today's visit, (please explain): _____

Areas of complaint, pain, tension, (please explain): _____

In a few words, please describe your goal(s) for this session: _____

Are you sensitive to perfumes or fragrances? _____

Are you sensitive to touch? _____

Consent:

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, 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 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.

Signature: _____ **Date:** _____

I have completed the above information accurately and have read, understand, and take responsibility for the above statements.