

Reiki Client Information Form

Name: (Please Print) _____

Phone (home): _____ Cell phone: _____

Address: _____

City, State, Zip: _____

Email: _____

Emergency Contact: _____

Have you ever had a Reiki session before? _____ Yes _____ No

If yes, when was your last session? _____

Do you have a particular area of concern? _____

Are you sensitive to perfumes or fragrances? _____

Are you sensitive to sound? _____

Are you sensitive to touch? _____

List any allergies you may have: _____

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 compliment 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. Finally, I understand that cats are at this location and agree that either (a) I am not allergic to cats, or (b) if I am allergic to cats, I will take the necessary steps to prevent an allergic reaction and will alert my practitioner prior to my session.

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.