Reiki Client Information Form

Name: (Please Print) _____
Phone (home): _____ Cell phone or evening: _____
Address: _____
City, State, Zip: _____
Email (optional): _____
Emergency Contact: _____
Current Medications and dosage: _____
_____
_____

Are you currently under the care of a physician? ___ Yes ___ No
If yes, physician's name: _____
How did you hear about us? _____
_____

Have you ever had a Reiki session before? ___Yes ___No
If yes, when was your last session? _____
Number of previous sessions _____

Do you have a particular area of concern? _____
_____
_____

Are you sensitive to perfumes or fragrances? _____
Are you sensitive to touch? _____

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 aliment 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.