



PLEASE READ CAREFULLY

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.

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.

General Information
How did you hear about our center? _____
Are you sensitive to perfumes/fragrances? If so, which ones? _____
Are you sensitive to touch? Yes / No (circle one)
Have you ever had a Reiki session before? If yes, when was your last session and how many previous sessions did you have? _____

Medical Information
Are you currently under the care of a physician? Yes / No (circle one)
If yes, please list your physician's name: _____
Please list your current medications and specific dosages. _____ _____ _____