



Reiki Client Information Form

Name: _____ DOB _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Emergency Contact and #: _____

Have you had a reiki session before: _____ Yes _____ No

If yes when was your last session? _____

Do you have a particular area of concern? _____

Reason for session: _____ Relaxation and Stress

_____ Specific Issue _____

Are you sensitive to perfumes or fragrances? _____

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 agree that I will inform my practitioner of any significant health changes prior to future appointments. 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. I understand that Reiki practitioners are providing Reiki at my request and are not responsible for the outcome of the session. Reiki treatments are given fully clothed on a massage table. Blankets, bolsters, and soft music may be used for additional comfort or relaxation benefit.

Signature

Date