

'Reiki' New Client Information & Disclosure Form

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

<b>Phone</b>	<b>Email</b>
<b>Address</b> [include street, city, state, zip and country if not USA]	
<b>Emergency Contact Name:</b>	
<b>Emergency Contact Phone:</b>	

**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, unless required by law.

**List treatments or medications you are currently receiving:**

Medication or Treatment Type	Dosage   Frequency	When started

**Other comments and history or other relevant information:**



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Are you currently under the care of a physician? No \_\_\_ Yes \_\_\_ Physician's name | Contact Number:

Have you ever had a Reiki session before? No \_\_\_ Yes \_\_\_

If yes, when was your last session? \_\_\_\_\_ Number of previous sessions \_\_\_\_\_

Do you have a specific area of concern?

Are you sensitive to perfumes or fragrances?

Are you sensitive to touch?

How did you hear about us?

I understand that:

- Reiki is a gentle, hands-on energy technique that is used for stress reduction and relaxation. I acknowledge that sessions are administered only for the purpose of helping me relax and to relieve stress.
- Reiki practitioners do not diagnose conditions, do not prescribe substances, do not perform medical treatment, and do not interfere with the treatment of a licensed medical professional.
- 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 am a trained Reiki Master Teacher (Usui, Holy Fire & Karuna) and not a Licensed Massage Therapist (LMT).
- 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 to allow the body to reach the level of relaxation necessary to bring the system it into balance.
- Self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of a Reiki session. I acknowledge my commitment to my self-improvement process and recognize that a Reiki session program must be followed to be truly effective.

I acknowledge that prior to my Reiki session, I received an oral and/or written explanation and description of Reiki and understand I may refuse any and all services during any Reiki session. If I experience any discomfort during the session, I will immediately advise the practitioner, so adjustments can be made.

Print Name	Signature	Date

