

Client Intake Form for Reiki Treatment

Personal Information:

Name _____

Phone: (h) _____ (Cel) _____ (Work) _____

Address

City/State/Zip

Email

Date of Birth

Occupation

Emergency Contact Name/Number

Please answer the questions to the best of your knowledge.

1. Have you had a Reiki treatment before? Yes / No If yes, date of last session? _____

2. What were you being seen for?

3. What was your experience like?

4. Do you have any difficulty lying on your back for the session?

If yes, please explain

5. Are you currently under medical supervision? Yes / No

6. Condition(s) being treated for

7. Medicines presently taking & for what condition

8. What are your goals for today's session?

9. Do you have any additional comments or questions before your Reiki session? _____

10. Do you have any allergies to essential oils? _____

Explanation of Reiki and Consent Form

What is Reiki?

Reiki is the pure form of healing energy. A treatment feels like a wonderful glowing radiance that flows through you and surrounds you. Reiki treats the whole person including body, emotions, mind, and spirit and creates many beneficial effects including relaxation and feelings of peace, security, and well-being. Reiki is a simple, natural, and safe method of spiritual healing and self-improvement that everyone can use.

Reiki is NOT a replacement for medical treatment!

Please read and agree to the following before submitting your request:

Reiki Consent:

Our services neither diagnose nor prescribe for disease conditions. All clients are encouraged to seek competent medical help when those services are deemed necessary. The client accepts total responsibility for his/her own health care and maintenance. Nothing said, typed, printed, or produced by us is intended or meant to diagnose, prescribe, treat a disease, or take the place of a licensed physician. This work is not medical treatment, and we do not prescribe medications and/or substances. I understand that the Reiki session given involves a natural method of energy balancing for the purpose of stress reduction, relaxation, and healing. A Reiki professional will not interfere with the treatment of a licensed medical professional. I also understand that it is not massage therapy. It is recommended that I

see a licensed physician or licensed health care professional for any physical or psychological ailment I have. By signing below, I acknowledge and fully agree with the above information.

Signature of Reiki Master Signature of Client

Reiki Practitioner _____ Dated: _____

Client _____ Dated: _____