

Reiki Client Information Form

Name: (please print) _____

Phone (home): _____ Cell or evening phone: _____

Address: _____

City, Province, Postal Code: _____

Email (optional): _____

Emergency Contact: _____ Phone: _____

Relationship to client _____

Are you taking medication? Yes No

If yes, please list your current medications and dosage:

How did you hear about us? _____

Have you ever had a Reiki session before? Yes No

If yes, when was your last session? _____

Please check the appropriate option(s) that apply to you:

Relaxation/Stress Reduction <input type="checkbox"/>	High Blood Pressure <input type="checkbox"/>	Headaches <input type="checkbox"/> or Migraines <input type="checkbox"/>
Back Pain: Upper/Mid/Lower <input type="checkbox"/>	Heart Condition <input type="checkbox"/>	Diabetes 1 <input type="checkbox"/> or Diabetes 2 <input type="checkbox"/>
Pace Maker <input type="checkbox"/>	Cancer <input type="checkbox"/>	HIV/AIDS <input type="checkbox"/>
Broken Bones <input type="checkbox"/>	Recent Operation <input type="checkbox"/>	Depression <input type="checkbox"/> or Bipolar <input type="checkbox"/>
Anxiety <input type="checkbox"/>	Alcohol/Drugs <input type="checkbox"/>	Abuse <input type="checkbox"/> or Trauma <input type="checkbox"/>

Please use the following section to include any health concern(s) not listed above or to be more specific about any condition:

Physical

Emotional

Mental/Spiritual

Are you sensitive to perfumes or fragrances? Yes No

Are you sensitive to touch? Yes No

If yes, please be specific _____

Would you like to have crystals included in your treatment? Yes No

Privacy and Confidentiality

Everything that a client discloses to their reiki practitioner is private and confidential. The instances when private information is disclosed to an outside source are: a) if it becomes evident that you are planning on harming yourself or another person, or b) if you share that a child under 16 years of age is being harmed and/or/abused. In these situations your practitioner may break confidentiality to make sure that everyone stays safe. Whenever possible your practitioner will make an effort to involve you in getting help to ensure safety. Should you refuse and your practitioner feels there is a risk to you or the child, they will need to notify the appropriate authorities. Another instance when confidentiality may be breached is if the court presents us with a subpoena demanding your records. This is a very rare situation, but we need to inform you that we would have to abide by the law and release the records to the court. Otherwise your records and information will remain confidential and we will not release any information without your written and clearly stated consent.

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. I understand that by signing this form, I am giving my consent for all the Reiki sessions I will receive from today's date until January 2015.

Clients are expected to give 24 hours' notice for cancellation or rescheduling of their appointment by phone or email. This process allows your therapist to schedule another client.

Name: _____ Signature: _____

Date: _____

