



Reiki Client Intake Form

Client Information

Name: _____ Occupation: _____
Date of Birth: _____ Gender: Male Female
Address: _____ Postal Code: _____
City: _____ Province: _____
Daytime Phone #: _____ Evening Phone #: _____
Emergency Contact Name & Phone # _____
Email Address: _____

____ Check here is you would prefer NOT to receive our Wellness e-newsletter

Health History

Have you ever received a Reiki session before? (circle) Yes No

What is your primary reason for seeking receiving Reiki? _____

Are you sensitive to perfumes or fragrances? (circle) Yes No

Are you sensitive to touch? (circle) Yes No

Are you currently under the care of a physician? (circle) Yes No

List all medications & supplements and reason for their use: _____

Informed 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.

Client Signature

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.