

Reiki Client Intake Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Last Name First Name Date of Birth (mm/dd/yy)

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Mailing Address City Province Postal Code

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Home Telephone Cell Phone E-mail Address

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Occupation Doctors Name How did you hear about me?

Are you currently under the care of a physician? \_\_ Yes \_\_ No

If yes, physician’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medication and Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever had a Reiki session before? \_\_Yes \_\_No

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

Do you have a particular area of concern? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check this box if you prefer not to be touched at all (Reiki can be performed at a distance):

If you did not check the box, please state if there are any particular areas you do not want touched:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Reiki Client Consent Form

I understand that Reiki is a simple, gentle, hands-on or off 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. Your Reiki Practitioner today is a Registered Massage Therapist, who will be preforming Reiki, not massage. If you feel that you need Massage Therapy for a condition instead, please inform the Practitioner prior to treatment. 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 aliment 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 Reiki may surface emotion and memories that are part of my history. I give consent for the Reiki Treatment proposed today.

Reiki Privacy Policy

I understand that 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, or unless so directed by myself when the law requires it. I understand that the Reiki Practitioner will not disclose or discuss specifics of the treatment over the phone or e-mail. I understand that this office will not provide treatment options or change treatment protocol over e-mail or phone with an appointment.

Office Policies and Fees

It is our policy that 24 hours’ notice is required to cancel/re-schedule an appointment otherwise a fee of 50% of the missed appointment cost will be charged. Prices may change at any time without notice.

30 minutes - $45

60 minutes - $65

*I have read the information above, I understand it, and I give consent for Reiki treatment.*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reiki Documentation Form

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Session

Relaxation and Stress Reduction:

Subjective Information:

Physical

Emotional

Mental/Spiritual

Observation / Scan before Reiki Session:

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Areas Treated: Back Neck Shoulders Face Arm L/R Leg L/R Hip Area

Abdominals Chest Feet Hands ALL Other:

Chakras: Crown Third Eye Throat Heart Solar Sacral Root

Observation / Scan after Reiki Session:

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Post Session Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Length / Type of Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up Planned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Referrals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_