

Client Intake Form for Reiki Treatment

Personal Information:

Date of Initial Visit _____

Name _____

(Nickname) _____

Address _____ City/State/Zip _____

Email _____ Phone (H) _____ (W) _____ (C) _____

Date of Birth _____ Occupation _____

Please answer the questions to the best of your knowledge.

1. Have you had a Reiki treatment before? Yes / No If yes, for what purpose (general wellness, stress reduction etc?)

2. What was the last date of a session?

3. Do you have any allergies or sensitivities to fragrances or perfumes? Yes / No

If yes, please explain _____

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

5. Condition(s) being treated for _____

6. Medicines presently taking & for what condition _____

7. What is your reason for coming and your goals for today's session?

(Relaxation, Stress Reduction, Pain Reduction, Other please explain: _____

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

Explanation of Reiki and Consent Form

What is Reiki?

Reiki is a Japanese spiritual practice from the early 1900s that supports healing and personal development that treats the whole person including body, emotions, mind, and spirit. Reiki creates many beneficial effects including relaxation and feelings of peace, security, and well-being. Reiki is a simple, natural, and safe method 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:

These 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 the practitioner 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 the practitioner does 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. I understand that the use of these techniques or theories have undergone limited evaluation by the FDA or the AMA and are not to be intended to take the place of medical practices and/or treatment. A Reiki practitioner 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 Certified Reiki Practitioner

Signature of Client

Dated: _____

Dated: _____