

Reiki Intake Form

Name: (Please Print) _____ Date: _____

Email: _____ Phone _____

Cell: _____ Best days/times to reach you: _____

Address: _____

City, State, Zip: _____

Emergency Contact Info: _____

Are you currently receiving any medical or psychological treatment, or taking any medications for known medical health conditions? Please describe: _____

Have you ever experienced a significant trauma or accident? Please describe:

How did you hear about us? _____

Have you had Reiki before? ___ Yes ___ No / when? _____

Do you have a particular area of concern you would like us to focus on today?

Do you have any questions? _____

Are you sensitive to perfumes or fragrances? _____

Please refrain from wearing any scented product to appointments

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 agree that I will inform my practitioner of any significant health changes prior to future appointments. 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 practitioners are providing Reiki at my request and are not responsible for the outcome of the session. Reiki treatments are given fully clothed on a massage table. Blankets, bolsters and soft music may be used for additional comfort or relaxation benefit.

Signed: _____ 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.

Cancellation policy & fees

In the event you find you must cancel a scheduled appointment, please allow 24 hours notice. We will try to reschedule your appointment in following two weeks so that you do not miss your treatment. You will be charged the full fee for your session if you cancel or change your appointment with less than full day advance notice. It is my policy that you pay the entire fee at the time of each session - preferably at the beginning of the session so that it will not interfere with the flow of our work. If you would like to arrange another payment option please let me know, pay pal is available for your convenience.

Initial: _____