



Reiki Client Consent Form

NAME _____

ADDRESS _____

MOBILE _____ OCCUPATION _____

EMAIL _____

*Do you consent to going on my email list? _____

EMERGENCY CONTACT _____

HAVE YOU HAD A REIKI TREATMENT BEFORE: YES ___ NO ___

ARE YOU CURUENTLY UNDER THE CARE OF A PHYSICAN: YES ___ NO ___

PLEASE DISCLOSE ANY MEDICAL OR MENTAL ILLNESS THAT YOU THINK MAY BE RELEVANT

HOW DID YOU HEAR ABOUT MY SERVICES _____

DO YOU HAVE ANY ALLERGIES e.g. Aromatherapy oils, incense _____

WHAT IS YOUR REASON FOR YOUR SESSION _____

I understand that Reiki is a 'hands on healing modality' that is non-invasive, the practitioner gently places their hand upon the client's body: crown, eyes, and ears, underneath head, throat/shoulders, heart, stomach, hips, knees & feet. Reiki is an energetic healing modality that can be used for stress reduction and relaxation.

Reiki may bring to support to the mind, body & spirit.

I understand that Reiki Practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, or interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place of medical care. Reiki is a complimentary healing modality, which works along with medical or psychological care.

DO YOU HAVE ANY ADDITIONAL COMMENTS OR QUESTIONS BEFORE WE BEGIN THE REIKI TREATMENT?

SIGNATURE _____ DATE _____

PROGRESS AND TREATMENT FORM

NAME OF CLIENT _____

DATE OF SESSION _____

FEE CHARGED _____

REMARKS _____

DATE OF SESSION _____

FEE CHARGED _____

REMARKS _____

DATE OF SESSION _____

FEE CHARGED _____

REMARKS _____

DATE OF SESSION _____

FEE CHARGED _____

REMARKS _____
