

Client Information Sheet

Name: _____	B-day: _____
Address: _____	
Phone/Cell: _____	Email: _____
Profession: : _____	
Emergency Contact - Name/Number: _____	
Would you like to be added to our email -list for updates about upcoming classes and events?	
Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No Thanks <input type="checkbox"/> Already on the list! <input type="checkbox"/> I don't use email	

How did you hear about The Reiki School and Clinic?

- Saw an add or listing in _____ Found it on the web on _____
 Referred by _____ Saw a flyer or got a business card at _____
 Other _____

Session Consent Statement:

I, the undersigned, understand that the Reiki session given is for the purpose of stress reduction and relaxation. I understand very clearly that a Reiki session is not a substitute for medical or psychological diagnosis or treatment. Reiki practitioners do not diagnose conditions, prescribe or perform medical treatment, or interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or licensed health care professional for any physical or psychological ailment I have. I also understand that Reiki is a form of non-invasive and non-manipulative touch. If I am uncomfortable in any way during my session I have the right to question my practitioner and/or request that the session be terminated. If I experience any pain or discomfort during the session, I will immediately inform my practitioner so that the pressure and/or touch may be adjusted to my level of comfort. Any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I affirm that I have stated all known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Health Questionnaire:

1. Have you ever had a Reiki session before? yes no If yes, for what purpose? (general wellness, stress reduction, etc) _____
2. What do you hope to accomplish with this Reiki session? Relaxation Stress Reduction Pain Reduction
 Other (please explain) _____
3. Do you take any medication on a regular basis? yes no Please list medications and the conditions they're addressing _____
4. Are you pregnant? yes no
5. Check with an x if you have any of these conditions:
 Arthritis Asthma Back Pain, _____ Bleeding Circulatory Problems
 Diabetes Epilepsy or Seizures Frequent Headaches Heart Ailment Joint Swelling _____
 Skin Disorders/rashes _____ TMJ Syndrome Low or High Blood Pressure
 Allergies/ Sinus , Please explain: _____
 Infectious Condition, Please List: _____
 Physical Pain , Please explain: _____
 Tension or Soreness in a specific area, Please List: _____
 Recent Injury or Surgery , Please List: _____
6. Are you sensitive or uncomfortable with any touch or pressure in any area? _____
7. Are you sensitive to fragrances or perfumes? ___yes ___ no
8. Please specify any other conditions, physical, mental, emotional or otherwise which you feel may be important:
Client Signature: _____ Date: _____
Practitioner Signature: _____ Date: _____
Practitioner Name, Please Print: _____

<p><u>Consent to Treatment of Minor:</u> By my signature below, I hereby authorize _____ to administer Reiki to my child or dependent as they deem necessary. Parent/Guardian Signature: _____</p>
