

# Puget Sound Reiki Client Information Form

Balance, Heal, Renew

Name (Please Print): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Current Medications/Dosage: \_\_\_\_\_

Are you currently under the care of a Provider: \_\_\_\_\_

If yes, Provider's name: \_\_\_\_\_

How did you hear about Puget Sound Reiki: \_\_\_\_\_

Have you ever had a Reiki session before: \_\_\_\_\_

If yes, when was your last session: \_\_\_\_\_

Number of previous sessions: \_\_\_\_\_

Are you sensitive to fragrances or perfumes: \_\_\_\_\_

Are you sensitive to touch: \_\_\_\_\_

Do you have a particular area of concern, what would you like to accomplish: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 is a complement to other physical or psychological care I may be receiving. I also understand that the body of has the ability to heal itself and to do so, complete relaxation is often beneficial.

I understand that long term imbalances in the body may require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

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

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

*Privacy Notice:*

*No information about any client will be discussed or shared with any third party without written consent of the patient or parent/guardian if the client is under 18 years of age.*