

Explanation of Reiki and Consent Form

What is Reiki?

Reiki is the pure form of healing energy. A treatment feels like a wonderful glowing radiance that flows through you and surrounds you. Reiki treats the whole person including body, emotions, mind, and spirit and creates many beneficial effects including relaxation and feelings of peace, security, and well-being. Reiki is a simple, natural, and safe method of spiritual healing and self-improvement that everyone can use.

Reiki and All other forms of Energy work are NOT a replacement for medical treatment!

Please read and agree to the following before submitting your request:

Reiki/ Tapping/ Energy body work Consent:

Our 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 us 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 we do not prescribe medications and/or substances.

I understand that the Reiki/Tapping /Energy bodywork session given involves a natural method of energy balancing for the purpose of stress reduction, relaxation, and healing. A Reiki professional 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.

I understand that ALL information contained on this form or discussed during my session is completely confidential and will NOT be shared with anyone else with the one exception that if I disclose that I am an imminent danger to myself or others, in which case my practitioner will notify the appropriate authorities immediately.

By signing below, I understand and fully agree with the above information.

_____ Date _____

Client Signature

Client Intake Form for Reiki / Holistic Energy Treatment

Personal Information:

Name _____ (Nickname) _____

Address _____ City/State/Zip _____

Email _____ Date of Birth _____

Occupation _____

Emergency Contact Name/Number _____

Please answer the questions to the best of your knowledge.

1. Have you had a Reiki or other energy treatment before? Yes / No If yes, date of last session?
_____ What kind of treatment?

2. What were you being seen for? _____

3. What was your experience like? _____

4. Do you have any difficulty lying on your back for a Reiki session? Yes/no If yes, please explain

5. Would you prefer a chair that keeps your body upright? Yes / No

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

7. Condition(s) being treated for

8. Medicines presently taking & for what condition

9. If you have had any surgeries, accidents, injuries, major illnesses or hospitalizations, please list them, dates and treatments

10. Do you now or have you in the past had any of the following conditions? (if so, please circle when)

Shingles	now/past	Numbness/tingling	now/past
Trigeminal Neuralgia	now/past	Sciatica/Pinched nerve	now/past
Heart condition	now/past	High/low blood pressure	now/past
Varicose veins	now/past	Blood clots	now/past
Thrombosis/embolism	now/past	Tendonitis/bursitis	now/past
Arthritis/gout	now/past	Low back/hip/leg pain	now/past
Neck/shoulder/arm pain	now/past	Jaw pain/TMJ	now/past
Osteoporosis	now/past	Asthma/allergies	now/past
Respiratory problems	now/past	Cancer/tumors	now/past
Irritable bowel syndrome	now/past	Chronic Fatigue	now/past
Sinus problems	now/past	Pregnancy	now/past
Menstrual pain/PMS	now/past	Kidney/bladder ailment	now/past
Chronic pain	now/past	Sleep disorders	now/past
Migraines/headaches	now/past	Anxiety/depression	now/past
Inflammation/swelling	now/past	Infection	now/past
Fever	now/past	Constipation/diarrhea	now/past
Gas/bloating	now/past	Sprains/strains	now/past
Skin allergies/rashes	now/past	Athlete's foot	now/past
Herpes/cold sores	now/past	Muscle spasms/cramps	now/past

Alcohol or Drug use, including prescription drugs(within last 4 hours? Y or N)

9. Family History: Is there any history in your family(father, mother, siblings, grandparents, blood related aunts, uncles) of the following:

Heart Disease ___ Cancer___ Diabetes_____ Mental Illness_____

9. What are your goals for today's session?

10. Are you open to work on positive visualization or simple meditation techniques during the session?
Yes/ No/ Not sure

11. Do you have any additional comments or questions before your session?
