



Confidential Reiki Client Information Form



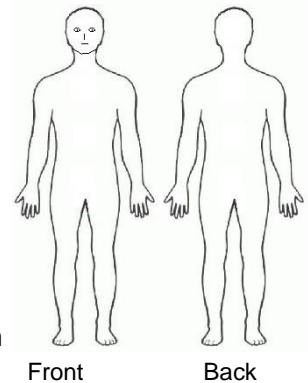
Treatment Start Date ___/___/20___

NameDOB/...../..... Age.....Yrs
 Address.....
 City..... State P/Code.....
 Phone H W
 Mob Email
 Occupation Place of Work
 Marital Status Partner's Name
 How long have you been together?
 No. of Children? Their Names and Ages.....
 How did you hear about us? Yellow Pages.... Newspaper.... Other

Reasons for Reiki Treatment

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 Please indicate major areas of concern on the diagram to the right ▶



Medical History

How is your health I general?

 Have you ever been treated for? Heart Diabetes Epilepsy Pain
Other Details.....
 Have you had any prolonged illness? Yes No Details.....
 Are you currently taking any medications? Yes No
 If so, what, and the reason for the mediation
 Are you currently, or in the past have you been treated or for any psychological or emotional issues?
 Yes No If so when and for how long?

I understand that Reiki is an ancient Japanese form of hands-on-healing, which relaxes, relieves stress, and helps to heal and balance the body, mind and soul. I simply lay fully clothed on the Reiki table, the practitioner places his/her hands on various parts of my body, and the healing energy flows to wherever it's needed.

I understand that Reiki practitioners do not diagnose conditions, prescribe medication, perform medical treatment, nor 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 may have. I understand that my Reiki practitioner does not promise to cure or heal any problem, and that I must play an active part in my own health.

The mind and body are intricately connected. It is believed that when we have emotional issues in our life, it may cause a block in the flow of our energy field, which may later manifest as illness or injury. When we have a Reiki Treatment, the practitioner is simply a channel for the Life-Force Energy, which then clears the blockages, so the body can speed up its' healing process.

I also understand and believe that the body has the ability to heal itself. Long term imbalances in the body sometimes require multiple treatments to allow the body to heal. I understand and believe that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of a Reiki treatment.

I acknowledge my commitment to my self-improvement process. I recognise that a Reiki treatment program must be followed to be truly effective, just as prescribed medication is only effective if taken as directed.

Client Signature: _____ Date: ___/___/_____