

# Reiki Client Information Form

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

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

Phone (home): \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

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

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

Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

Current Medications: \_\_\_\_\_

Are you currently under the care of a physician? \_\_\_ Yes \_\_\_ No

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

How did you hear about me? \_\_\_\_\_

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

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

What is your area of concern? \_\_\_\_\_

What do you want to get from this appointment? \_\_\_\_\_

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

**Please refrain from wearing any scented product to all appointments**

Are you sensitive to touch? \_\_\_\_\_

Please describe your diet: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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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 can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes 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 client or parent/guardian if the client is under 18.

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