

**Client Information and consent Form**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Current Conditions, medications and dosage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have allergies that I should be aware of?

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

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

**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.

**Due to COVID 19**, I will ask you to wear a mask and to sanitise your hands before entering the treatment space. The practitioner as well as the client will be wearing a mask.

**What are your intentions for the sessions (this can be short or long terms goals that you set to yourself)?**

1-

2-

3-

4-

**Benefits**

|  |  |  |  |
| --- | --- | --- | --- |
| Promotes Harmony & Balance as well as reducing inflammations and boosting your immune system. |  | Accelerate the body self-healing |  |
| Create deep relaxation  |  | Relief pains |  |
| Dissolve energy blocks |  | Emotional cleaning |  |
| Cleansing from toxins and support immune system |  | Release stress |  |
| Clear the mind to improve focus an increase grounding |  | Chakras balancing |  |

**Post Session Notes**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Length / Type of Session**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow up Planned**

Have you ever had a Reiki or energy healing session before? \_\_Yes \_\_No

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

I understand that Energy healing and Reiki is a simple, gentle, distant or 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. I understand that Reiki can complement any medical or psychological care I may be receiving. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_