***Reiki Client Information Form***

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

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

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

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

**Email (optional, if you would like to receive newsletter): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

**Have you ever had a Reiki session before? \_\_Yes \_\_No**

**How many? \_\_\_\_\_\_ When was your last session? \_\_\_\_\_\_\_\_\_\_\_**

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

**Is it okay for me to diffuse essential oils during your session?\_\_\_\_\_\_\_\_\_\_**

**Would you like me to use a "hands-on" or "hands-off" technique?\_\_\_\_\_\_**

**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.**

***Please read over and initial each the following indicating your understanding:***

**\_\_\_\_What is Reiki?**

**Reiki is a hands on healing practice. Reiki is meant to support relaxation and wellbeing.**

**\_\_\_\_What should I expect?**

**For your Reiki session you will lay fully clothed on a padded table covered and you will have your choice of being covered with a blanket or sheet, experiencing aromatic essential oils, and listening to music.**

**Most people find Reiki very relaxing and calming. You may find yourself sighing or exhaling a lot. You may feel warm or feel light or "floaty." You may see shapes and colors behind your eyes. You may cry or experience another kind of emotional release. You may also experience something completely unique to you. We are all different. Feel free to ask questions if you feel strange. My hands will likely become very warm and you will feel that if you choose the "hands-on" as your method of treatment.**

**I, the undersigned, 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 and** these treatments are not intended as a substitute for medical or psychological 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.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_ \_\_\_**

**Reiki Documentation Form**

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Reason for Session**

**\_\_ Relaxation and Stress Reduction**

**\_\_ Specific Issue:**

**Physical \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Emotional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Mental/Spiritual \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_**

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