

All About You

Reiki Client Information Form

Date: _____

Name: _____ Date of Birth: ____/____/____

Address: _____

City/Town: _____ State: _____ Zip: _____

Email: _____

Phone : _____ Occupation: _____

Have you received Reiki before? (yes) (no)

Did you find it helpful? (yes) (no) Comments: _____

What is your reason for coming for Reiki today?

I understand that Reiki is a stress reduction and relaxation technique. Reiki practitioners do not diagnose conditions, nor do they interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician or health care professional for any physical or psychological ailment I have.

I also understand that the body has the ability to heal itself, and to do so complete relaxation is often beneficial. Long term imbalances in the body sometimes require multiple treatments to allow the body to reach the level of relaxation necessary to bring the system back into balance. I recognize that a Reiki treatment program must be followed to be truly effective and that I must be willing to change in a positive way if I am to receive the full benefit of a Reiki treatment.

Signature: _____

Parent or Legal Guardian, if under 18 years of age.