

REIKI CLIENT DETAILS & CONSENT FORM

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Relationship)\_\_\_\_\_\_\_\_\_\_\_\_(Number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received reiki healing before? Y/N If so, when\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you feel about your life?

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What is your goal for today’s session?

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Are you allergic to any fragrances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please note any medical conditions or concerns (For example Epilepsy, Heart or Respiratory condition, Pregnancy, Diabetes etc.)

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Please list all medications

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Your Reiki Session

**Description of Reiki Treatment:** Reiki involves the gentle laying on of hands or non-touch energy transfer to facilitate relaxation, stress reduction, and overall well-being. I the practitioner may place my hands lightly on or above various parts of the body to channel Reiki energy. The treatment may involve physical touch but will be conducted in a professional and respectful manner. Their will be NO direct hands-on over breast area, buttocks, or private region areas.

**Benefits of Reiki:** Reiki promotes to induce deep relaxation, reduce stress and anxiety, alleviate pain, promote better sleep quality and enhance overall physical and emotional well-being. However, individual experiences may vary, and there are no guaranteed outcomes.

**Risks and Limitations:** While Reiki is considered safe and non-invasive, it may not be suitable for everyone. Potential risks or limitations may include temporary discomfort, emotional release, or exacerbation of existing symptoms. It is important to communicate any discomfort or concerns during the treatment session.

**Confidentiality**: All information disclosed during the Reiki session will be kept confidential and will not be shared without your consent.

**Reiki Treatment Consent:**

I understand that Reiki is a holistic healing technique and although this can be used as a complementary therapy, it is not a substitute for medical or psychiatric diagnosis and treatment. I will seek medical advice prior to my session in relation to any current medical conditions.

I consent to receive Reiki treatment from the practitioner named below.

Tracey Craigmile

Signature of client

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