



Reiki Client Information



Instructions

We ask you for information about your general health to help us treat you safely. Please write your contact details below, answer the health questions inside then sign the form. We will use this form at later visits to discuss any change in your general health. All information will be kept strictly confidential by the people caring for you.

Client Information

Client Name	<input type="text"/>	Address	<input type="text"/>
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Email Address	<input type="text"/>	<input type="text"/>
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Medical	Do you have any of the following?	Are you receiving treatment from a doctor, hospital or clinic?
Symptoms of fever	<input type="text"/>	<input type="text"/>
Notifiable Diseases	<input type="text"/>	<input type="text"/>
Diabetes	<input type="text"/>	<input type="text"/>
Pregnancy	<input type="text"/>	<input type="text"/>
Allergies	<input type="text"/>	<input type="text"/>

Medical History	Such as Trauma / accidents / Operations	Please give details	<input type="text"/>
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Current Medication	<input type="text"/>	Current Medication (Addition Information if required)	<input type="text"/>
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GP Name	<input type="text"/>	GP Practice Address	<input type="text"/>
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Signature	<input type="text"/>	Name	<input type="text"/>
	<i>Signature of the Person Submitting this Form</i>		<i>Name of the Person Submitting this Form (print)</i>

Date of Signature	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Reiki Client Disclaimer and Consent Form



I understand that Reiki assists in the balancing of energy and the relaxation of the body. If sick or ill I will seek medical consultation prior to any therapies, as Reiki is no substitute for medical treatment. If I suspect I may have a medical condition I will seek assistance from a medical practitioner.

I understand that Reiki can aid relaxation and improvement of the immune system, centering of the mind, holistic benefits that will help facilitate my own personal healing without guarantees. The therapy does not require any removal of clothes.

If any discomfort is experienced during my session, I will immediately inform my therapist.

I have had the opportunity to ask questions regarding the Reiki Treatment and I am happy to proceed with Treatment.

I enter this session entirely at my own risk and understand the Reiki Practitioner accepts no liability for loss or injury resulting from this treatment.

If any of the personal information I have given changes, I will inform the practitioner accordingly.

I declare I am over the age of 18 and able to give my informed consent.

To the best of my knowledge, the information I have given is true, and will be treated in the strictest of confidence.

Signature

Signature of the Person Submitting this Form

Name

Name of the Person Submitting this Form (print)

Date of Signature

/ /

Signature

Signature of Practitioner

Name

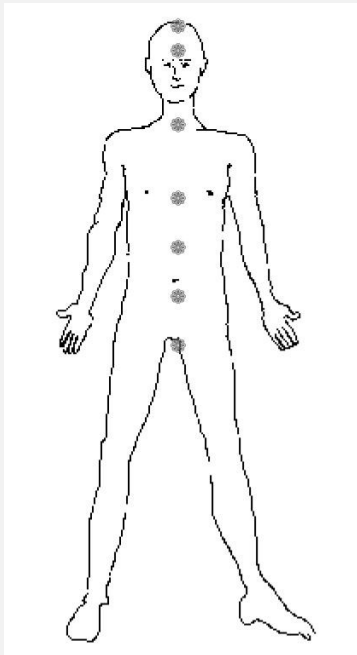
Name of Practitioner

Date of Signature

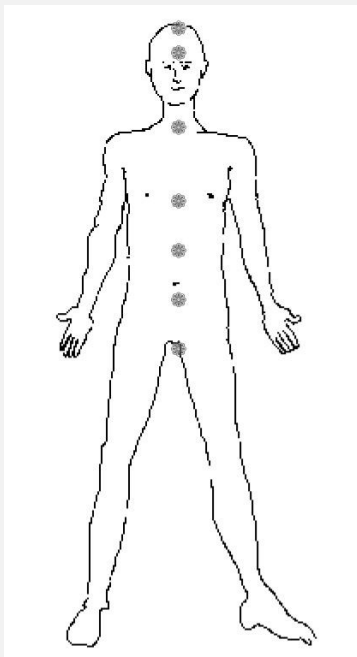
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Reiki Client Session Information



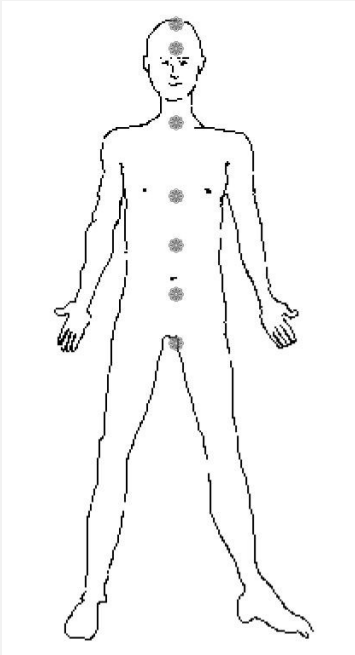
Date	
Issue	
Response	



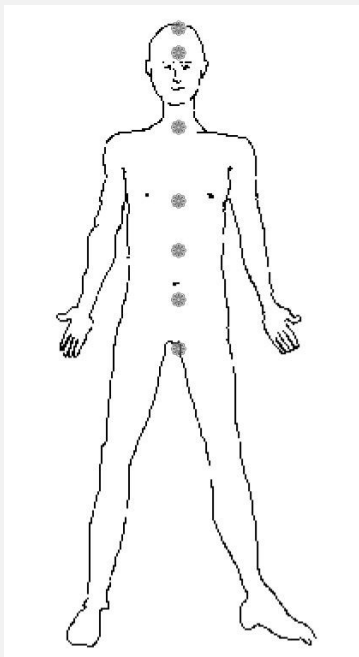
Date	
Issue	
Response	



Reiki Client Session Information



Date	
Issue	
Response	



Date	
Issue	
Response	