

CLIENT WAIVER FORM
REIKI ENERGY CONSENT ACKNOWLEDGMENT

Name _____
Telephone _____
Address: _____
City, State, Zip _____
Email _____
Current Medications and dosage

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

How did you hear about me? _____

Have you ever had a Reiki session before? Yes ___ No ___

If yes, when was your last session? _____

Do you have a particular areas of concern?

I understand that Reiki is a Japanese form of relaxation. A simple, gentle, energy technique that is used for alleviating stress, pain management, stress reduction and deep 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. 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. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. 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. I understand that the practitioner will be remotely sending energy to me for the duration of my Reiki session (s).

Signed: _____ Date: _____

Privacy Notice: No information about any client will ever be discussed or shared with any third party without written consent.