

# TOUCH OF ASCENSION

## Reiki Client Information Form

Name: (Please Print)

Phone (home):

Cell phone or evening:

Address:

Email (optional):

Emergency Contact:

Current Medications and dosage:

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

If yes, physician's name:

How did you hear about us?

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Have you ever had a Reiki session before?    Yes    No

If yes, when was your last session?

Number of previous sessions?

Do you have a particular area of concern?

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

Are you sensitive to touch?

I 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. 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.

Signed:

Date:

### 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