

amy butler
reiki SPIRIT



CLIENT
information form

Print Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Current Health Care situation and any medications you want me to be aware of:

How did you hear about Reiki Spirit? _____

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? _____

Are you sensitive to perfumes or fragrances? _____

Are you sensitive to touch? _____

Emergency Contact Info:

Name: _____

Relationship: _____

Phone: _____

- 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 compliment any medical or physiological 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.