



Reiki Client Information Form

Name: _____

Phone: _____ Email: _____

Address: _____

I consent to receive information about Reiki by email Yes ___ No ___

***** You agree to receive Newsletters, marketing and updates from Wascana Reiki.**

Emergency Contact: _____

How did you hear about us? _____

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? _____

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.