

# All Relations Reiki

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## Client Information Form

Name: (Please Print) \_\_\_\_\_

Caregiver Name (Please Print) \_\_\_\_\_

Phone (home): \_\_\_\_\_ Cell phone or evening: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Current Diet: \_\_\_\_\_

Current Medications/Supplements and dosage: \_\_\_\_\_

Currently under the care of a health care provider or therapist?  Yes  No

Name/specialty of health care provider: \_\_\_\_\_

How did you hear about All Relations Reiki? \_\_\_\_\_

Ever had a Reiki session before?  Yes  No

If yes, when was the most recent session? \_\_\_\_\_ Number of previous sessions \_\_\_\_\_

Particular area of concern? \_\_\_\_\_

Any special fears/sensitivities (physical or emotional)? \_\_\_\_\_

Do you prefer light touch or no touch (hands 1-2 inches above skin)?  Light touch  No touch

Particular areas not to touch (e.g., ticklish feet, trigger areas for trauma)?  Yes  No

Details if yes \_\_\_\_\_

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 the patient see a licensed health care professional for any physical or psychological ailment s/he may have. I understand that Reiki can complement other forms of medical or psychological care. 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 caregiver.