Paris Holistic Health

** Reiki Client Information Form**

 (Please Print)

Name:

Address:

Home Phone: Cell: Work Phone:

Email:

Add me to your mailing list (circle one): Yes No

Emergency Contact:

How did you hear about us?

Current Medications and Dosage:

Are you currently under the care of a physician?

If Yes, Physician’s Name:

Have you ever had a Reiki Session?

If Yes, When was your last session?

Number of previous sessions?

Do you have a particular area of concern?

Are you sensitive to the smell of lavender?

Do you wish to receive light touch or prefer hands off?

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.