

## Nicklaus Counseling Center, S.C.

## **Reiki New Client Information**

Name:		
Phone #:	Cell#:	
Address:		
City, State, Zip:		
Email:		
Emergency Contact:		
Relationship:	Phone#:	
Medications: Prescription/Over the Counter	Dosage	Taken How Often
Are you currently under the care of a Physician?	l Yes □No	
If yes, physician's name:		
How did you hear about us?		
Have you ever received a Reiki Session before? □	Yes □No When?	
Number of previous sessions?		
Do you have any particular area of concern?		



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I understand that Reiki is a simple, gentle, energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions, prescribe or perform medical treatment, prescribe substances, nor do they interfere with the treatment of a licensed medical or mental health professional. I understand that Reiki does not take the place of medical or mental health treatment and care. It is understood that I should seek treatment from a medical or mental health 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 and that every individual's needs are unique to that person.

Signed:	Date:

## **Privacy Notice:**

No information about any client will be shared or discussed with any third party without the express written consent of the client or his/her parent of guardian if under the age of 18.