



ACUPUNCTURE & WELLNESS CENTER

REIKI CONSENT FORM

I understand that the Reiki treatment I receive is provided for the basic purpose of relaxation and relief of muscular tension. I further understand that Reiki should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any medical or physical ailment of which I am aware.

I understand that Reiki practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

Although Reiki is safe to perform with most conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.

I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Signature: _____ Date: _____

While your private health information is always kept confidential there are times when particular health conditions, illnesses or injuries may require the practitioner to seek more information about additional treatments you are receiving. Please read the following and sign below.

I authorize Donna Degnan, Reiki Master, to request, discuss and/or share information about my current treatment and progress with my medical doctor, acupuncturist, chiropractor, physical therapist or other health care practitioner as listed on the intake form.

Signature: _____ Date: _____

The following are normal responses to relaxation. Trust your body to express what it needs to:

The need to move or change position, sighing, yawning, change in breathing, stomach gurgling, emotional feelings and/or expression, movement of intestinal gas, energy shifts, falling asleep and memories.