

Client Information

Name: (Please Print): _____

Phone (Cell): _____ Home: _____

Address: _____ City, State, Zip: _____

Email (optional): _____

Date of Birth: ___/___/_____

Emergency Contact: _____ Phone: _____

General Information

Are you currently under the care of a physician? Yes No

Current medications and dosage: _____

Women Only: Are you pregnant? Yes No If Yes, due date: ___/___/_____

Are you sensitive to perfumes or fragrances? _____

Would you like your session to include aromatherapy? Yes No

If yes, select Lavender Eucalyptus Peppermint

Would you like your practitioner to wear a mask during the session? Yes No

Would you like your practitioner to wear gloves during the session? Yes No

Are you sensitive to touch? _____

Reiki hand placement preference: Hands placed on body Hands placed above body

(Regardless of selection, hands will not make contact at face, throat, chest or groin area).

Sound: Singing bowls can be placed on or near the body, is this ok? Yes No

Do you have any other areas of concern related to your session or is there anything else we should know? _____

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. I further acknowledge and agree to the Inner Light Pathways liability agreement and waiver.

Signed: _____ Date: _____

Parent/Guardian 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.