Reiki Client Information Form

Name: (Please Print) _____

Phone (home): _____ Cell phone or evening: _____

Address: _____

City, State, Zip: _____

Email (optional): _____

Emergency Contact: _____

Current Medications and dosage: _____

_____

_____

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

If yes, physician's name: _____

How did you hear about us? _____

_____

Have you ever had a Reiki session before? ___Yes ___No

If yes, when was your last session? _____

Number of previous sessions _____

Do you have a particular area of concern? _____

_____

_____

Are you sensitive to perfumes or fragrances? _____

Are you sensitive to touch? _____

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.

Disclaimer & Release Form

The primary intent of a Reiki session is to release the blocks and barriers to who you really are. divine light in human form. The basis of a Reiki session is transformation, by unifying the mind, body, and soul. During this transformational process, as you come more into alignment with who you really are, blocks to your own natural healing processes may be released as well. This may assist you with accelerating your clearing, healing, and balancing at all levels. Reiki sessions are subjective, and may or may not include touch. If touch is used, you will remain fully clothed. Reiki Practitioners do not heal you. Any healing that may happen during or after a Reiki session is between you, your higher self, and Source/the Divine/All That Is.

No medical advice is given or insinuated. A licensed Medical Doctor should treat any and all medical conditions. Should you have any health care related concerns or questions, please call or see your physician or other health care provider promptly. The Practitioner makes no promises, warranties, or guarantees, neither expressed nor implied.

The undersigned hereby grants a Private License to Reiki Practitioner Iya Osun Dara to engage in Reiki sessions with the undersigned. **The undersigned acknowledges that the above Practitioner does not diagnose or prescribe for medical or psychological conditions, nor claim to prevent, mitigate or cure such conditions. The Practitioner does not provide diagnosis, care, treatment or rehabilitation of individuals, nor does the Practitioner apply medical, mental health or human development principles, but the Practitioner ministers to the suffering by using Reiki, which involves spiritual means, and provides Spiritual Guidance under the seal of confidentiality.** The undersigned hereby releases the Practitioner from all claims and liabilities arising from participating in Reiki sessions, indemnifying and holding the Practitioner harmless from all claims and liabilities there from, whatsoever.

Name:_____ Date:_____

Signature of Client or Guardian:_____

Address:_____

_____

Phone:_____

Email:_____

Reiki Documentation Form

Client Name: _____ Date: _____

Reason for Session
___ Relaxation and Stress Reduction
___ Specific Issue:
Physical _____
_____

Emotional _____
_____

Mental/Spiritual _____
_____

Changes since last session: _____
_____
_____

Observation / Scan before Reiki Session: _____
_____
_____

Observation / Scan after Reiki Session: _____
_____
_____
_____

Post Session Notes: _____
_____
_____
_____
_____
_____
_____

Length / Type of Session: _____
Follow up Planned: _____
_____
_____

Practitioner Name: _____