

Reiki/Energy Work Client Information Form

Name _____ Date _____

Address _____

Preferred telephone contact _____ DOB _____

E-mail address _____

Emergency Contact _____

Why are you here today?

Have you had a Reiki or other energy treatment before and what was your experience?

The undersigned acknowledges this (energy) treatment is for the purpose of balancing biofields, and can result in stress reduction, pain relief and well-being. I understand that this treatment is non-intrusive and completely safe; and that the practitioner does not diagnose illness, disease or any other physical or mental disorder. Accordingly, the practitioner does not prescribe medical treatment or pharmaceuticals, or perform any spinal manipulation. I understand this work is not a substitute for medical examinations and/or diagnosis, and that I will consult with a medical physician for any physical ailment or condition, known or suspected. I accept this treatment of my own free will and hold the practitioner harmless from any liability.

Signature _____ Date _____