



Reiki Client Information Form:

Date: _____

Name _____ Phone: _____

Address: _____
_____ Email _____

Emergency Contact: _____

Current Medications _____

Are you under the care of a doctor or hospital? _____

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 _____

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 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 would like to join the Facebook community/Whats App community to receive free articles and updates. Yes/No or you can specify medium of contact.

I like to receive newsletters from Sneha Ramji? Yes/No. Please refer to the privacy policy on our website

Signed: _____ Date: _____

Privacy policy: 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. Reiki Documentation