



Client Intake Form and
Release Form for Reiki

Name _____ DOB _____ Phone # _____

Address _____

Email address (not shared outside) _____

Emergency contact/phone _____

Please read and sign: 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.

Client Signature _____ Date _____

Policy Notification: No sexual advances will be tolerated. In the case of inappropriate behavior I reserve the right to cease our session at any time. Client will still be responsible for the full cost of the session. Draping practices are followed as required by the State of Missouri Licensing Board.

24 hour cancellation is required to avoid being charged for a session.

Arriving late for an appointment may require the session to be cut short, however, the full amount for the session will be charged.

Client Initials _____

Reason for Session:

Relaxation and Stress Reduction _____

Specific Issue: _____

Physical _____

Emotional _____

Mental/Spiritual _____

Do you have any other areas of concern: _____