

Intake and Consent Form for Reiki

Name : _____ Date: _____

Home Phone #: _____ Cell#: _____

Email: _____

Preferred contact method (circle): home/cell /email

Address: _____

City and State: _____ Zip Code: _____

Sex: F [] M [] _____ Birth date (DD/MM/YY): ____ / ____ / _____

Emergency contact : _____ Phone: _____

Cell: _____ Relationship to client: _____

Occupation: _____

Pregnant? Yes [] No [] If yes, due date: _____

Please list any special health issues or mobility requirements I need to know about (include health restrictions, allergies or other serious health concerns, and if required information on emergency care and your doctor): _____

Are there any other issues that may affect your sessions with me? _____

Family and home dynamics (single, married, partnered how many kids, ages/names, etc):

How did you hear about me ? _____

Have you had a Reiki session before? [] No [] Yes

If yes, what do you want to get from your previous experience? _____

Are you looking for (check all that apply):

[] Stress relief [] Pain relief - surgeries, injuries, auto accident

[] Relaxation [] Spiritual Growth

[] Healing old wounds or trauma [] Healing from past/ current relationships

[] Other: _____

Do you have any allergies or sensitivities to scents? _____

What specific physical issues would you like to address? _____

What specific emotional issues would you like to address? _____

Are you currently seeing other health practitioners? Explain. _____

What else are you doing to support your health and personal well-being? _____

Reiki is a hands-on holistic health treatment (or hands-off as requested) to encourage relaxation and healing. Reiki is practiced while the client is fully clothed. If at any time you feel discomfort, you may ask for the session to be stopped immediately (session can be resumed after problem is addressed). Sessions are most effective in silence, with the exception of relaxing background music but sometimes it is necessary to voice what you are feeling, particularly for those unfamiliar with reiki, in order to feel at ease. Please note, for serious health conditions please see a licenced medical practitioner. For such conditions Reiki is considered a complementary form of treatment.

I, (print full name) _____, (please check all the boxes):

understand the above statement in regards to services offered and give permission for such services as outlined above, and state that I have disclosed any information (health or otherwise) that may alter the effectiveness of services offered.

understand that if at any time I feel discomfort or have a problem with the session, it is my responsibility to voice my concerns.

understand that Dr. Lara Thompson is operating as a reiki practitioner and that I must establish separate patient services to receive medical care.

understand that payment is required at time of services offered; I must give 24 hours notice for cancellations to avoid cancellation fees; and at any time during a session I can request to stop session, though this may not entitle me to a refund.

Signature _____ Date _____