Eastern Sun Healing, LLC

Reiki Client Information Form

Name: _____ Date of Birth: _____

Address: _____ Occupation: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Emergency Contact

Name: _____

Phone: _____

Health History

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? _____

_____

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 aliment 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: _____

Print name: _____

Privacy Notice:

No information about any client will be discussed or shared with any third party without written consent or parent/ guardian if the client is under 18.