

# Client Information Form

I understand that Reiki is a stress reduction and relaxation technique. I acknowledge that treatments administered are only for the purpose of helping me relax and to relieve stress. Reiki practitioners do not diagnose conditions, nor do they prescribe substances or perform medical treatment, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or licensed health care professional for any physical or psychological ailment I may have.

I also understand and believe that the body has the ability to heal itself, and to do so complete relaxation is often beneficial. Long term imbalances in the body sometimes require multiple treatments to allow the body to reach the level of relaxation necessary to bring the system back into balance. I understand and believe that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of a Reiki treatment.

I acknowledge my commitment to my self-improvement process. I recognize that a Reiki treatment program must be followed to be truly effective, just as prescribed medication is only effective if taken as directed.

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

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**List treatments or medications client is currently receiving?**

| <b>Medication or Treatment Type</b> | <b>Dosage or Frequency</b> | <b>When did they start</b> |
|-------------------------------------|----------------------------|----------------------------|
|-------------------------------------|----------------------------|----------------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Comments and history (physical problems, current or past injuries, life transitions):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current outlook on life:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Life qualities you wish you had more of in your life:** \_\_\_\_\_

\_\_\_\_\_