



INTUITIVE REIKI HEALING FORM & WAIVER

DATE: _____

NAME: _____

PHONE: _____ **EMAIL:** _____

Would you like to be added to our email list for future events and specials?

Yes No

EMERGENCY CONTACT: _____ **PHONE:** _____

How did you hear about us? _____

Have you ever had a Reiki/Energy Work session before? Yes No

If yes, when was your last session? _____ *Number of previous sessions?* _____

Do you have a particular area of concern? _____

Are you sensitive to touch? Yes No

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 treatments, 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 a 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.

Signature: _____ **Date:** _____