



## Client Treatment Form

Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

*Used for updates and reminders only*

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Work status: \_\_\_\_\_

Primary reason for reiki session:-

Rate your current state of health:-

Rate your sleep:-

- Anxiety / Worry
- Stress management
- Emotional balance
- Mental balance
- Grief
- Physical ailment
- Relaxation

- Excellent
- Good
- Average
- Fair
- Poor

- Excellent
- Good
- Average
- Fair
- Poor

Work environment :-

- Deadline driven
- High pressure
- Desk bound
- Physical work
- Shift work

Other: \_\_\_\_\_ If so what are they? \_\_\_\_\_

Do you have and expectations for this session? **Y / N**

Reiki can be experienced with 'hands on' or 'hands on' Which do you prefer?  Hands on  Hands off  Either

How did you hear about me?  Friend  Other word of mouth  Internet search Other: \_\_\_\_\_

### Disclaimer:-

I understand that Holistic practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, or interfere with the treatment of a licensed medical professional. I understand that Holistic therapy 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 Holistic therapy 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 very beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order for the body to rebalance.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*By parent or guardian if under 16 years of age*

Name (please print): \_\_\_\_\_