

Angel Light Holistic Healing

Reiki Client Information Form

Name: (Please Print) _____

Phone (home): _____ Cell phone or evening: _____

Address: _____

City, State, Zip: _____

Email : _____

Would you like to receive special deals and promotions from us via email?

Yes No

Date of Birth: _____

Emergency Contact: _____

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? _____

Have you ever had a Reiki session before? Yes No

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

Do you have a particular area of concern? _____

On a scale from 1-10, 10 being the highest, what are your professional stress levels ranked
at: _____

On a scale from 1-10, 10 being the highest, what are your personal stress levels ranked at:

Is light touch ok? _____

Are you sensitive to scents such as aromatherapy? _____

Please list any health issues that you have or are currently experiencing physically,
mentally, emotionally, and spiritually. _____

Any past or recent surgeries? If yes, please list

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 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.

Signed: _____ Date: _____

Privacy Notice:

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