

AcuReiki Healing Arts

INITIAL VISIT - CLIENT INTAKE SHEET - REIKI

NAME _____ DATE _____

ADDRESS _____ PHONE # _____

Name of Emergency Contact _____ PHONE# _____

EMAIL ADDRESS _____ DOB: _____

(Email will only be used for communication regarding appointments or other subjects directly related to your session-- such as if I change location, etc.)

Occupation: _____ Are you a fulltime student? YES NO

What would you like to focus on this session? _____

Are you currently under the care of a physician? YES NO If Yes, for what condition(s) _____

Medical History

Have you ever had a serious illness or injury? YES NO

If yes, has it resolved, and if not, please list continuing conditions(s) and any discomfort you are experiencing.

CURRENT INFORMATION

Do you have a chronic condition? YES NO

If yes, please describe it. Does it include: fever, rash, dizziness, fatigue, vertigo, nausea or vomiting?

Do you currently have an injury YES NO or have you recently had surgery? YES NO

If yes for either/both question(s), please describe: _____

Medications

Are you currently taking any prescription medications YES NO If yes, please provide information below.

<u>Name of Medication</u>	<u>Reason for the Medication</u>	<u>Side effects?</u>
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Have you ever had a Reiki session before? YES NO If yes, when was your last session? _____

Is there anything else you want to mention?

DISCLAIMER, WAIVER & RELEASE
Reiki Session

Please be advised that:

- Information given in a Reiki session is for educational purposes, and that it is not a substitute for medical or psychological diagnosis and treatment.
- Reiki practitioners (“RPs”) do not diagnose conditions nor do they prescribe, administer or recommend controlled substances and drugs that might be prescribed by a licensed practitioner.
- RPs do not perform medical treatment or interfere with the treatment of a licensed medical professional. It is recommended that you see a licensed physician or licensed health care professional for any physical or psychological concerns. You have the right to choose to go to a licensed provider of healthcare.

It’s important to note that Reiki falls under a voluntary licensing process in the State of California. That licensing body is CAMTC (California Massage Therapy Council. I have a license through CAMTC. Anything said in the course of the session is to further familiarize you with the nature of Reiki. Nothing said during sessions should be construed as medical advice.

Your Reiki session may include the following:

- Completion of a client intake form, which consists of providing your contact and emergency information, relevant medical history, and a description of your current concerns (if any).
- An introduction to Reiki and what the session might be like for you.

If at any time during the session you feel discomfort, please let me know.

I, _____, have read the foregoing, understand it and agree to it.
(Please print your name)

CLIENT'S SIGNATURE _____

DATE _____

SIGNATURE OF PARENT IF CLIENT IS UNDER THE AGE OF 18: _____