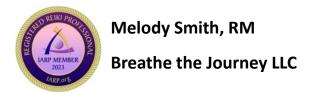
Reiki Client Information Form

Name: (Please Print) _		
Phone (cell):	Address:	
City, State, Zip:		
Email (optional):		
Would you like to be a	added to the Mind, Body & Spirit newsletter? Y or N	
Emergency Contact: _		
How did you hear abo	out us?	
Have you ever had a F	Reiki or Sound Therapy session before?YesNo	
If yes, when was your	last session? Number of previous sessions	-
Do you have a particul	lar area of concern?	
Please list any dislike	or allergy to scents & or essential oils:	
Are you sensitive to to	ouch?	
Do you have any conc	cerns related to your session or is there anything you'd like us to kn	iow?
used for stress reduction do they prescribe or policensed medical profescare. It is recommended or psychological ailmed care I may be receiving relaxation is often benefits.	iki/Sound Therapy is a simple, gentle, hands-on or hands off energy tion and relaxation. I understand that Reiki practitioners do not diagrammed it reatment, prescribe substances, nor interfere with essional. I understand that Reiki/Sound Therapy does not take the led that I see a licensed physician or licensed health care professionent I may have. I understand that Reiki can complement any medicals. I also understand that the body has the ability to heal itself and neficial. I acknowledge that long term imbalances in the body some to facilitate the level of relaxation needed by the body to heal itself.	gnose conditions nor th the treatment of a place of medical nal for any physical al or psychological to do so, complete etimes require multi-
Signed:	Date:	
•	ormation about any client will be discussed or shared with any thir eclient or parent/guardian if the client is under 18	d party without





The following people should consult their doctor before the use of sound therapy:

- with carotid stenosis (prior to application in the area of the carotid artery/larynx)
- with cardiac pacemakers, artificial heart valves, or cardiac arrhythmias
- · with a stent
- with a shunt
- with a deep brain stimulation device (DBS)
- with epilepsy
- pregnant women
- · whiplash within 3 days of injury

The following people cannot have sound therapy:

- on any deep vein thrombosis in the leg (or known thrombi)
- on open wounds
- on acute inflammations and tumors
- directly on or above a pacemaker or defibrillator
- post-surgery before the sutures have been removed and the scar is not fully healed and closed around the neck in the case of carotid atherosclerosis

I acknowledge that I do not currently	have any of the above conditions	

Please circle any of the following that apply to you & understand that for the below conditions, sound healing instruments should not be used on the body directly, however can be played around the body:

- implants (or near implants until they have completely healed)
- screws artificial joints inflamed joints and veins
- the skin, in the case of inflammatory skin disorders
- weeping eczema
- diseased veins
- the stomach or back of a pregnant woman

I acknowledge that I have been informed of the cautions & warnings along with contraindications of sound therapy either around or on the body & have informed the practitioner of any conditions listed above that I have.

Signature:	Date:
•	