

## Reiki Client Information Form

Name: (Please Print) \_\_\_\_\_

Phone (cell): \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Would you like to be added to the Mind, Body & Spirit newsletter? Y or N

Emergency Contact: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever had a Reiki or Sound Therapy session before? \_\_Yes \_\_No

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

Do you have a particular area of concern?

\_\_\_\_\_

Please list any dislike or allergy to scents & or essential oils: \_\_\_\_\_

Are you sensitive to touch? \_\_\_\_\_

Do you have any concerns related to your session or is there anything you'd like us to know?

\_\_\_\_\_

I understand that Reiki/Sound Therapy is a simple, gentle, hands-on or hands off 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/Sound 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 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



**Melody Smith, RM**  
**Breathe the Journey LLC**



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(See back page)

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: \_\_\_\_\_