

Intake and Consent Form for Reiki

CONTACT INFORMATION

Name: _____ Date: _____

Home phone: _____ Cell: _____

Email: _____

Do you want to receive my monthly newsletter? Yes No

Preferred contact method: Home Cell Email

Best time to be reached: _____

Street address: _____

City / province: _____ Postal code: _____

Sex: F M Age: _____ Birth date: dd□□ mm□□ yyyy□□□□

Occupation: _____ Marital status: _____

Children (names, ages): _____

Emergency contact: Name: _____ Phone: _____

Cell: _____ Relationship to you: _____

GENERAL

How did you hear about me (name)? _____

Have you had a Reiki session before? Yes No

If yes, provide details: _____

Are you interested in learning more about Reiki? Yes No

Do you want to receive my monthly newsletter? Yes No



HEALTH

Women only: Pregnant? Yes No If yes, due date: _____

Please list any special health issues or requirements I need to know about (include health restrictions, allergies, or other serious health concerns and if required, information on emergency care and your doctor):

Please list any other issues that may affect your sessions with me:

Are you currently seeing other health practitioners? Explain.

What else are you doing to support your health and personal well-being?

OBJECTIVES

What do you want to get from your Reiki experience?

Are you looking for (check all that apply)? Stress relief (anxiety) Pain relief Relaxation
 Healing from past/current relationships Healing old wounds or trauma Spiritual growth
 Other (state): _____

What specific physical issues would you like to improve or heal?

What specific emotional issues would you like to improve or heal?



ACKNOWLEDGEMENT & CONSENT

Reiki is a hands-on holistic health treatment (or hands-off, as requested) to encourage relaxation and healing. Reiki is practiced while the client is fully clothed, on a massage table. If at any time you feel discomfort, you may ask for the session to be stopped immediately (session can be resumed after problem is addressed). Sessions are most effective in silence, but sometimes it is necessary to voice what you are feeling, particularly for those unfamiliar with Reiki, in order to feel at ease. Please note, for serious health conditions, including psychological conditions, please see a licenced medical practitioner. For such conditions, Reiki is considered a complementary form of treatment.

I, (print full name) _____,

(please check all boxes)

- understand the above statement in regards to services offered and give permission to Tricia Radison of Anatase Energy Healing to perform such services as outlined above, and state that I have disclosed any information (health or otherwise) that may alter the effectiveness of services offered.
- understand that if at any time I feel discomfort or have a problem with the session, it is my responsibility to voice my concerns.
- 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.
- understand that payment is required at time of services offered; I must give 24 hours notice for cancellation to avoid a 50% cancellation fee; and at any time during a session I can request to stop the session, though this may not entitle me to a refund.

Signature _____ 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.



Anatase Energy Healing

UNRAVEL LIFE'S MYSTERIES