



Teaching Traditional Japanese Reiki since 1997

[www.traditionaljapanesereiki.com](http://www.traditionaljapanesereiki.com)

916-956-2181

traditionaljapanesereiki@protonmail.com

## Reiki Client Information Form

(Please Print Clearly)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Emergency Contact: (name) \_\_\_\_\_

(relationship) \_\_\_\_\_ (phone number) \_\_\_\_\_

Employer: (name) \_\_\_\_\_ (phone) \_\_\_\_\_

(address) \_\_\_\_\_

Are you under the care of a physician? ☐ Yes ☐ No Dr. name: \_\_\_\_\_

Address & phone: \_\_\_\_\_

Current Medications and dosage: \_\_\_\_\_

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

Have you ever had a Reiki session before? ☐ Yes ☐ No Date of last session: \_\_\_\_\_

Do you have a particular area of concern? \_\_\_\_\_

Are you sensitive to perfumes/fragrances? ☐ Yes ☐ No Are you sensitive to touch? ☐ Yes ☐ No

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.

over →



*Teaching Traditional Japanese Reiki since 1997*

[www.traditionaljapanesereiki.com](http://www.traditionaljapanesereiki.com)

916-956-2181

traditionaljapanesereiki@protonmail.com

---

## **PRIVATE PAY OFFICE POLICY & MISSED APPOINTMENT AGREEMENT**

Payment for each office visit is due and collected at the time of service.

I understand that if I am sent to collections for an outstanding bill, I will be responsible for any and all applicable collection fees, court costs and attorney fees which are incurred as a result of this action.

In addition, I understand that there will be a \$125 charge for any missed appointments without giving 24-hour notice. I also understand that I will be held responsible for payment and that my insurance company (*if any*) will not pay for a missed appointment charge.

---

Clients Name (please print)

---

Clients Signature

---

Date