

CONSCIOUS JOURNEY

MASSAGE AND METAPERSONAL INTEGRATED THERAPIES

Client Information Form - Reiki

CONFIDENTIALITY: All information on this questionnaire will be kept strictly confidential.

Name: _____ E-mail _____

Address: _____ City _____ State _____ Zip _____

Phone (best way to reach you): (Home) _____ (Cell) _____ Text okay? Yes No

Age: _____ Birth Date: _____ (Required for insurance billing)

Occupation: _____

Referred by: _____

Emergency contact person: _____ Phone: _____

Yes No Have you previously experienced Reiki?

Yes No Are you currently under a physician's care for any condition? Please describe: _____

Primary reason for today's visit, (please explain): _____

Areas of complaint, pain, tension, (please explain): _____

In a few words, please describe your goal for this session: _____

Are you aware of any emotional distress from your life that may be helpful for me to know?: _____

Have you suffered any form of abuse your body may be holding?: _____

Are you comfortable with your therapist asking personal questions as they pertain to your session?: _____

Are you comfortable with touch (please explain, if not?): _____

Please answer the following questions:

Yes No Do you wear contact lenses?

Yes No Do you wear dentures?

Yes No Have you had a car accident (at any time), serious fall, or injury?: _____

Yes No Do you have allergies? If so, please describe allergens: _____

Yes No Do you have arthritis? What type and where? Please describe: _____

Yes No Do you have any heart problems? Please describe: _____

- Yes No Do you have any spinal problems? Please describe: _____
- _____
- Yes No Are you presently pregnant? How far along? Complications? _____
- _____
- Yes No Have you had surgery? How recently? Complications? _____
- _____
- Yes No Do you take any prescribed medications? Please list: _____
- _____
- Yes No Do you exercise or play sports on a regular basis? Please describe: _____
- _____
- Yes No Are you receiving any other complementary care currently, (chiropractor, naturopathic, acupuncture, nutritional, herbal, homeopathic, hypnotherapy)? If so, please describe: _____
- _____
- Yes No Do you have any other physical or mental condition of which I should be aware? If yes, please describe: _____
- _____

Please read and initial:

- _____ I understand that the Reiki therapist does not diagnose illness, disease, or any other physical or mental disorder. In addition, the Reiki therapist does not prescribe medical treatment or pharmaceuticals.
- _____ It has been made very clear to me that Reiki is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have.
- _____ Because a Reiki therapist should be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the Reiki therapist updated on my physical health. Further, I release the therapist from responsibility and liability for any adverse reactions resulting from disclosed and undisclosed conditions.

Signature: _____ Date: _____

I have completed the above information accurately and have read, understand, and take responsibility for the above statements.

Therapist notes:

