



A Touch of Claas

REIKI CENTER

LINDA CLAAS, IARP CERTIFIED REIKI MASTER
OWNER, COSMETOLOGIST AND ESTHETICIAN
660.537.2445

Reiki Client Information Form

(Please Print Clearly)

Name: _____

Phone (home): _____ Phone (cell or evening): _____

Address: _____

City/State/Zip: _____

E-mail: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Are you currently under the care of a physician: Yes No If yes, Physician's name: _____

Current medications and dosage (use back if necessary): _____

Have you ever had a Reiki session before? Yes No If yes, date of last session: _____

Number of previous sessions: ____ Do you currently have an area or areas of concern? Please describe: _____

Sensitive to perfumes/fragrances? Yes No Sensitive to touch? Yes No

PLEASE ACKNOWLEDGE THAT YOU HAVE READ THE FOLLOWING STATEMENT BY SIGNING BELOW:

I have been advised that Reiki is a simplistic, gentle, hands-on energy technique used for stress reduction and relaxation; that Reiki practitioners do not diagnose conditions or prescribe or perform medical treatment nor do they prescribe substances or interfere with the treatment of licensed medical personnel; and that Reiki is not a substitute for medical care. It is recommended that I see a licensed physician or health care professional for any physical or psychological ailment I may have. It has also been explained to me that Reiki can complement any medical or psychological care I may be receiving; that the body has the ability to heal itself; that to do so, complete relaxation is often beneficial; and that long-term imbalances in the body may require multiple sessions to facilitate the level of relaxation the body needs to heal itself.

Signed: _____ Date: _____

PRIVACY NOTICE: No information about any client will be discussed or shared with any third party without the client's written consent or, if client is under 18 years of age, the written consent of client's parent or guardian.