

CLIENT INTAKE FORM FOR REIKI SESSION

Full Name	
Full Address	
Contact Number	
Email Address	
Emergency Contact Name and Number	
Please provide a brief medical history. Particularly indicate significant data (injuries, accidents, surgeries, seizures, etc)	
Have you ever had a Reiki session before?	Yes No
Reiki involves a gentle, appropriate, hands-on technique. Are you okay with light touch?	Yes No
Do you have any difficulty lying on your front, back or side? If No, please explain.	Yes No
Are you sensitive to perfumes, fragrances, essential oils or sage smudging? If Yes, please explain.	Yes No
Do you have a particular area of concern that you would like to focus on today?	
What would you like to get out of today's Reiki session?	

REIKI CONFIDENTIALITY CONSENT FORM & WAIVER

I, _____ agree to participate in receiving Reiki from Carolyn Tylenda, Reiki Master (the "Practitioner"). I understand that these sessions are confidential. I agree to be responsible for all financial payments. While there are many reports of stress reduction and general improvement of emotional, spiritual and physical well being, Reiki treatment is not intended, nor implied, to be a substitute for medical treatment and I understand that I will have to seek medical treatment for any physical or mental ailment. Reiki is not a medical treatment and I acknowledge and agree that the Practitioner is not liable for any damages or injuries resulting from the treatment and I release the Practitioner from all claims relating to such treatment.

Signature of Client

Date

Carolyn Tylenda, Reiki Master

Date