

KMC REIKI®

Patient Intake Form

Name: _____

Postal Code: _____

Birth Date: _____

Phone: _____

Address: _____

Email: _____

City: _____

Emergency Contact: _____ Phone: _____

History

Are you currently under the care of your Family Physician or Specialist? YES NO

Doctor's Name: _____

Phone Number: _____

If YES, please elaborate (if possible)

Are you currently taking any medication? YES NO

If YES, what are the medications for (ie: heart, diabetes, high blood pressure, etc)

Are you currently receiving other alternative treatments (ie: chiropractic, naturopathic, acupuncture, massage, etc)? YES NO

If YES, please list all other treatments

*Privacy Notice: No Information about any patient will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.

Patient Signature: _____ Date: _____

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Do you or have you ever suffered from seizures of any sort? YES NO

If YES, please elaborate (if possible)

Reiki Experience

How did you hear about us?

Have you had a Reiki treatment before? If so, when was your last treatment?

Number of previous Reiki treatments? _____

Do you have a particular area of concern? Please explain,

What is the reason you are coming in and your goal for this treatment session (ie: physical, emotional, mental, and/or spiritual)?

Will you have difficulty lying on your back for the entire treatment? YES NO

Are you sensitive to fragrances for aromatherapy? YES NO

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Consent

Please read the following carefully

Inappropriate touch of any kind by the Reiki practitioner or the patient is a breach of the Reiki Code of Ethics and will not be tolerated.

If you are here for any trauma related reason, you are not obligated to disclose the nature of your trauma, unless you so choose. For trauma treatments, an absolutely NO hands-on techniques will be used.

Are you OK with having hands appropriately placed on you during the Reiki session or do you prefer not to be touched at all?

(Please initial beside your choice) Hands-On OK _____ Hands-Free ONLY _____

I understand that Reiki is a stress reduction and relaxation technique. I acknowledge that sessions administered are only for the purpose of helping me relax and to relieve stress.

I understand, Reiki does not take the place of medical care. Reiki Practitioners do not diagnose conditions, nor do they prescribe substances or perform medical treatment, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or licensed health care professional for any physical or psychological ailment or condition 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.

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