

Adirondack Salt Cave Reiki Intake Form

Confidential Information

Name: _____ Date of Birth: ____/____/____

Cell Phone: _____ Email: _____

Are you currently under the care of a physician? Yes / No

Have you ever had a Reiki session before? Yes / No

If yes, when was your last session? _____ Number of sessions? _____

Are you sensitive to perfumes or fragrances? Yes / No

Reason for session:

_____ Relaxation/Stress Reduction

Specific areas of concern: _____

Physical _____ Mental/Emotional/Spiritual _____

PLEASE READ AND SIGN BELOW:

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.

Signature: _____ 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/legal guardian if the client is under 18.

PLEASE FILL OUT THIS SIDE ONLY. THANK YOU

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Just for today, I will not anger
Just for today, I will not worry
Just for today, I will be grateful
Just for today, I will do my work honestly
Just for today, I will be kind to others

Pre-Scan: _____

Post-Scan: _____

Follow-up: _____
