

REIKI CLIENT INFORMATION FORM

Rev. Lianna Bohne'

Soul Goddess LLC (631) 946-1602

Name: _____

Address: _____

Phone: _____ Email: _____

Do you have any allergies? No _____ Yes _____ If yes, please list: _____

How did you hear about me? _____

Is this your first Reiki session? Yes _____ No _____ If no, briefly describe your experience with Reiki:

Please list any treatments or medications you are currently receiving:

Briefly describe your reason(s) for being here today:

I understand that Reiki is a stress reduction and relaxation technique. 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 I may have.

I also understand and believe that the body has the ability to heal itself, and to do so, complete relaxation is often beneficial. Long term imbalances in the body sometimes require multiple sessions to allow the body to reach the level of relaxation necessary to bring the body back into balance. I understand and believe that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefits of Reiki.

Privacy notice: No information about any client will be disclosed to any third party without written consent of the client and parent or guardian, if the client is less than 18 years of age.

Signed: _____ Date: _____