

Reiki/ Archangelic Light Client Information Form

Name: (Please Print) _____

Phone (home): _____ Cell phone or evening: _____

Address: _____

City, State, Zip: _____

Email (optional): _____

Emergency Contact: _____

Current Medications and dosage: _____

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

If yes, physician's name: _____

How did you hear about us? _____

Have you ever had a Reiki session before? __Yes____ No If yes, when was your

last session? _____

Number of previous sessions _____

Do you have a particular area of concern? _____

I understand that Reiki and Archangelic Light therapy are simple gentle, hands-on energy techniques that is used for stress reduction and relaxation. I understand that Reiki or Archangelic Light 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 and Archangelic Light therapy do 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 and Archangelic Light therapy 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.

Signed: _____ 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/guardian if the client is under 18.

Reiki and Archangelic Light Therapy Documentation Form

Client Name: _____ Date: _____

Reason for Session

Relaxation and Stress Reduction

Specific Issue:

Physical _____

Emotional _____

Mental/Spiritual _____

Changes since last session: _____

Observation / Scan before Reiki Session: _____

Observation / Scan after Reiki Session: _____

Post Session Notes: _____

Length / Type of Session: _____

Follow up Planned: _____

Practitioner Name: _____