



## Reiki Client Information and Consent Form

Reiki Practitioner Name: Julie Martin, MT-BC

Client Name: \_\_\_\_\_ Sex: M F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s)/Legal Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Client Emergency Contact: \_\_\_\_\_

Has Client ever had a Reiki session before? \_\_\_\_ Yes \_\_\_\_ No

If yes, when was the last session? \_\_\_\_\_

Number of previous sessions: \_\_\_\_\_

Is there an area of concern? \_\_\_\_\_

What is your expectation for Reiki treatment? \_\_\_\_\_

Is there anything you wish to discuss about the Reiki treatment? \_\_\_\_\_

In-person Reiki:

Are you sensitive to touch? \_\_\_\_ Yes \_\_\_\_ No

Do you have any difficulty lying on your front, back, or side? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you experience dizziness or imbalances? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

## Privacy and Confidentiality

All information that is discussed within the context of a Reiki session is confidential. No information about clients will be discussed or shared with any third party without written consent. All email communication sent from Attuned Music Therapy and Services, LLC is encrypted through Google's security tool called Transport Layer Security (TLS). Attuned Music Therapy and Services, LLC is not responsible for confidentiality for emails received that are not encrypted.

## Consent

I understand that Reiki is a simple, gentle, hands-on, hands-off, or remote 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 sessions do not guarantee a cure, nor do they substitute for qualified medical or professional 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 improve 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 improve itself.

## Reiki Liability Disclaimer

I hereby release Julie Martin, MT-BC from all liability arising out of any reliance upon the advice/information given during the consultation of my Reiki session given at this time or any time in the future. I assume all risks and responsibilities for myself and release Julie Martin, MT-BC from any injury or liability that may occur during a treatment session.

I have read and understood the consent, privacy and confidentiality, and liability disclaimer statements and agree to receive Reiki under these conditions.

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Signature of Client

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Date

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Signature of Parent/Legal Guardian (If Client under 18 years)

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Date

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Signature of Reiki Practitioner

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Date