

## Patient Intake Form

### PERSONAL INFORMATION (PLEASE PRINT)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Are you sensitive to touch? ☐ Yes ☐ No

Reiki sessions can be done with gentle touch or hands slightly off the body.

Do you prefer touch or no touch?

☐ Touch ☐ No Touch ☐ Both

What do you hope to accomplish with this Reiki session?

☐ Relaxation ☐ Stress Reduction

☐ Pain Reduction ☐ More Energy

☐ Other? Please explain:

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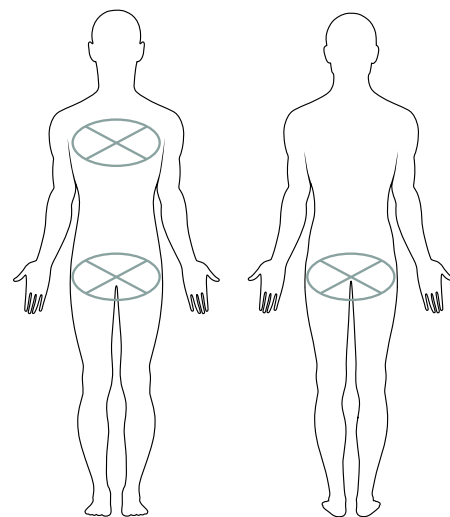


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If you are requesting touch, please circle any areas where you would **NOT** like to be touched.



FRONT

BACK

### MEDICAL PROCEDURE INFORMATION (IF APPLICABLE)

Medical Procedure: \_\_\_\_\_

Reason for Medical Procedure: \_\_\_\_\_

\_\_\_\_\_

Date of Procedure: \_\_\_\_\_ Doctor in Charge: \_\_\_\_\_

Expected Length of Procedure: \_\_\_\_\_ Doctor's Contact Phone: \_\_\_\_\_

Doctor's Contact Email: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Location: \_\_\_\_\_

Would you like an affirmation spoken to you while in Post-Op? ☐ Yes ☐ No

Affirmation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I will be receiving a Reiki session from a Medical Reiki Master. Furthermore, I understand that Reiki is a non-invasive integrative healing modality. Reiki is a form of spiritual healing and is primarily a tool for tapping into the body's own capacity to relax and heal. Reiki touch is non-manipulative.

I understand and acknowledge that no guarantees have been made to me as to the effect of such services although I may anticipate stress reduction and relaxation. I understand very clearly that a Reiki session is not a substitute for medical or psychological diagnosis and treatment. Health conditions should be referred to a medical practitioner qualified to treat specific conditions.

#### **Prior to receiving my Reiki session, I acknowledge that:**

- Reiki is a complementary wellness practice and is not a replacement for medical care from a licensed provider.
- A Reiki session may include light touch or may be performed with hands off the body. I will communicate my preferences clearly and understand that my comfort is the priority.
- I can stop the session at any time for any reason. I am encouraged to speak up if I feel uncomfortable at any point.

- I understand that emotional release can occur during a session and this is a natural part of the healing process.
- I understand that my practitioner is not diagnosing or prescribing treatment for any medical or psychological condition.
- I voluntarily consent to receiving Reiki and release the practitioner and facility from any liability or claims arising from this session.

***By signing this form, I give consent to receive a Reiki session from this practitioner.***

Signature of Recipient: \_\_\_\_\_ Date: \_\_\_\_\_