

steps to self

LIFE COACHING, LLC

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.

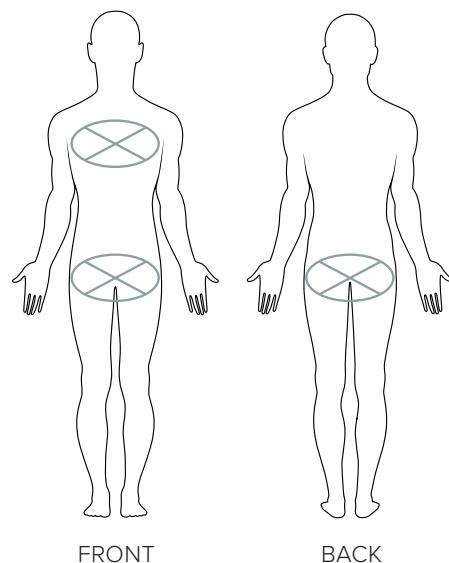
Do you prefer touch or no touch?

Touch No Touch Both

What do you hope to accomplish with this Reiki session?

<input type="checkbox"/> Relaxation	<input type="checkbox"/> Stress Reduction
<input type="checkbox"/> Pain Reduction	<input type="checkbox"/> More Energy
<input type="checkbox"/> Other? Please explain: _____ _____ _____ _____	

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



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: _____