**My Energy Shift**

**Reiki Healing Services**

Client Intake Information

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May I text your cell phone for appointment reminders and cancellation purposes? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

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

What is your preferred method of contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name/number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your current and/or chronic health concerns/problems?

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Are you currently on any medications? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have trouble getting in and out of chairs? \_\_\_\_\_ yes \_\_\_\_\_ no

Why did you choose Reiki? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your expectations during our sessions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What questions do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please let me know your preferences:

\_\_\_\_\_\_\_\_ I prefer light touch during the sessions

\_\_\_\_\_\_\_\_ I prefer hands held off the body during the sessions

\_\_\_\_\_\_\_\_ Either or a combination of both

Would you like essential oil fragrances/incense used during the session? \_\_\_\_\_ yes \_\_\_\_\_ no

Would you like calming music played during the sessions? \_\_\_\_\_ yes \_\_\_\_\_ no

Use the space below to tell me any other information about yourself that would be pertinent to our Reiki sessions.

**My Energy Shift -- Reiki Healing Services**

**Memorandum of Understanding**

Services Provided:

A 30-60 minute session (agreed upon before the session begins) which provides healing touch, relaxation, and stress relief. In each session, the client remains fully clothed. A light touch will be given unless the client prefers hands be held away from the body. 10-20 points on the body will be given healing touch during the session.

Credentials:

I have a Reiki Master certificate and I received Reiki I, Reiki II, Reiki Master, and ART training through Reiki Rays of Hope for Families in Mentor, Ohio in 2014. I am a member of and get my business insurance from Alternative Therapy Association.

*I understand that Reiki is a simple, gentle, hands-on 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 does 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 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. I give permission for the Reiki practitioner to place hands gently on my body using traditional Reiki hand positions. I understand there are no guarantees of any specific outcomes from this treatment. I know that I can ask the practitioner to discontinue treatment at any time and that I can decline any future Reiki treatments.*

*The state of Ohio has not adopted any educational or training requirements for unlicensed complementary or alternative health care practitioners. Under Ohio law, an unlicensed complementary or alternative health care practitioner may not provide a medical diagnosis or recommend that a person discontinue a medically prescribed treatment.*

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.

Your signature below acknowledges that this document has been read and discussed with you, that you agree with its contents, and that you have received a copy.

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Signature Printed name Date