

Oversoul Reiki Client Information Form

Name: (Please Print) _____

Phone : _____ Email: _____

Date of Birth: _____ Birth Time (If known): _____ Birth Location: _____

Address: _____

Emergency Contact (Name, Phone, Relationship): _____

Current medications and dosage: _____

Any known medical conditions : _____

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

If yes, physician's name: _____ Phone: _____

How did you hear about Oversoul? _____

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

Were you referred by an existing client? Yes No If yes, who referred you? _____

Do you have a particular area of concern? (Mind, Body, Spirit)

On a scale of 1 to 10, how would you rate your general stress level? 1 2 3 4 5 6 7 8 9 10

Are you sensitive or allergic to perfumes or fragrances? Yes No

If Yes, please list any known allergies or irritants: _____

Are you sensitive to touch? Yes No

Are there any areas you do not wish to be touched? (face, feet, etc.) _____

Do you have any difficulty lying on your front, back, or side? _____

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.

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.