Reiki for People and Animals

Health History and Treatment Consent Form

Client's name_____

Parent/guardian's name (if under 18): _____

Email _____

Phone_____

Address_____

_____

Emergency contact number _____

Do you drink alcohol Yes_____ No_____

Do you use recreational drugs Yes_____ No_____

Medical health conditions/concerns? Please list _____

_____

Current medications _____

Allergies and/or allergies to medications _____

Are you currently seeing a doctor or health practitioner for treatment Yes____ No____

General/current state of health _____

Any longstanding/chronic conditions? _____

_____

Childhood and adult illnesses _____

Vaccinations _____

Have you suffered any significant traumas or accidents? _____

_____

Are you sensitive to touch? Yes____ No_____

PTO

Are you sensitive to fragrance? Yes____ No____

Have you ever had a Reiki session? Yes____ No____

Do you have a particular area of concern/reason for session? _____

_____

How did you hear about us? Friend ____ Internet search ____ social media ____ Other ____

- I understand that Reiki is not a substitute for medical attention, examination, diagnosis, or treatment.
- I understand that at all times my personal body privacy will be maintained. I am not required to remove any clothing except my shoes.
- I confirm that I have no medical condition or other limitations that should prevent me attending a Reiki treatment.
- **I have been advised that if I suspect I may have a medical condition I should seek help from a qualified medical practitioner.**
- I confirm that the details given by me to the Practitioner are correct and that if any of the personal information given changes, then I accept I must inform the Practitioner accordingly.
- I understand that all information will be treated in strictest confidence.
- The Practitioner has fully explained the treatment and the procedures involved.
- I have had the opportunity to ask questions about the above and I am willing to proceed with the treatment.

- I understand that the fee per session is $120.00.
- I am over 16 years of age. The above information is true to the best of my knowledge, and I have not withheld any relevant information. I understand that I am financially responsible for all payments and consent to the treatment.

Client signature _____

Date _____

Michele Leembruggen, 0481 224 525, michleem@bigpond.com