

HEAVEN SENT REIKI, LLC

Client Intake Form

Client Name: _____ Date: _____

Legal Representative (if different): _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email: _____

Occupation: _____ Location: _____

Emergency Contact: _____

Relationship: _____ Phone Number: _____

Referred By: _____

Do you have previous experience with Reiki? _____

Are you currently experiencing acute illness? If yes, please explain. _____

Are you currently experiencing a chronic illness (s)? If yes, please explain. _____

Are you currently under medical treatment? If yes, please explain. _____

Name of treating provider (s). _____

Please provide names of any medications you are currently taking? _____

Are you currently under care of a psychiatrist, psychologist or a mental health counselor? _____

Name of provider: _____

Smoking Policy: *Smoking is not permitted in our facility.*

Substance Policy: *Please do not attend any session under the influence of alcohol or recreational or illegal drugs.*

DISCLAIMER: This treatment is not a substitute for medical advice.

Information provided by our website or any printed materials are not intended to treat, diagnose, prevent or cure any disease or condition; nor should it take the place of your treatment or medication prescribed to you by your doctor. For all of your health concerns or inquiries, please consult a licensed healthcare practitioner first.

Heaven Sent Reiki does not discriminate on the basis of race, religion, nationality, gender, or sexual preference. This service is not religion-based; it is spiritual-based.

My decision is voluntary and I understand that I may terminate these services at any time. I also understand that during the course of treatment I may need to discuss material of an upsetting nature in order to resolve my problems. Further, I understand it cannot be guaranteed that I will feel better after completion of treatment.

By signing this form, I hereby release, discharge, indemnify, defend, protect and hold harmless **Heaven Sent Reiki** from any and all claims, liabilities, demands or injuries I may have against them relating to my participation (or my children's participation) in sessions. I understand and agree that my (and my children's) safety is my own responsibility and that I should stop and seek assistance if the need arises. By signing this form you are certifying that you have not relied on the verbal representations of any individual when deciding to participate in sessions at **Heaven Sent Reiki**.

NOTE: DO NOT SIGN THIS FORM UNLESS YOU HAVE READ AND FEEL YOU UNDERSTAND IT. PLEASE ASK ANY QUESTIONS YOU HAVE BEFORE SIGNING THIS FORM. DO NOT SIGN THIS FORM IF YOU HAVE TAKEN MEDICATION OR OTHER DRUGS, WHICH MAY IMPAIR YOUR MENTAL ABILITIES OR IF YOU FEEL RUSHED OR UNDER PRESSURE.

Client Name: _____ Date: ____/____/____

Legal Representative Name: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____