

Reiki On the Mat Intake Form

Name & Address: _____

Email: _____ Cell Phone: _____

Occupation: _____ Marital Status: _____ Children: _____

Date of Birth: _____ How did you hear about me? _____

Emergency Contact Name & Phone: _____

Ever had Reiki? No ___ Yes ___ Ever had Chakra Work? No ___ Yes ___

What is your current stress level? High _____ Medium _____ Low _____

Physical Issues: _____

Emotional Issues: _____

Mental/Spiritual Issues: _____

Reiki: I understand that: (a) Reiki is a simple, gentle energy technique used for healing on all levels of the body, (b) Reiki practitioners do not diagnose conditions, do not prescribe or perform medical treatment, do not prescribe substances, and do not interfere with the treatment of a licensed medical professional, (c) Reiki does not take the place of medical care, (d) it is recommended I see a licensed physician or health care professional for any physical or psychological ailment I may have, (e) Reiki can complement medical or psychological care I may be receiving, and (f) 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.

If you prefer hands-**off** treatment please check here. _____

Crystal Mat: When heated, the crystals emit deep penetrating far-infrared (electromagnetic radiation) rays and calming negative ions. The photon lights penetrate the body to heal on the cellular level.

Disclosure #1: Use of the far-infrared heated chakra mat is not advised if you have varicose veins or are currently taking muscle relaxants.

I acknowledge that these conditions do not apply to me: _____

Disclosure #2: Except as outlined in Disclosure #1, low heat settings are fine for everyone. Use of a high heat setting, however, is not advised if you are pregnant, have metal implants or have a pacemaker.

I acknowledge that these conditions do not apply to me: _____

By signing below, I acknowledge that I have read, understand, and accept all the statements that appear above.

Signed: _____ Date: _____