

Are you currently receiving Treatment from a GP/health professional? If yes, please give details.

Reason for visit

I understand that Reiki is a method of healing that promote and aids the natural self-healing ability of the body. Reiki practitioners do not diagnose conditions, nor do they prescribe medicines or perform medical treatment, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have.

I have been given an explanation of what Reiki treatment is and I consent to receiving this treatment.

I consent to _____ storing my contact information and a record of any treatments, and occasionally contacting me with information pertaining to the treatments. My personal data shall not be shared with 3rd parties.

I certify that to the best of my knowledge, the information I have provided is true and correct. I understand that I should notify the practitioner if there are any change in my circumstances.

Signature _____ Date _____

Memo