

Spirit Healing with Emily

Reiki / Access Consciousness Bars Client Information Form

Full Name:	
Phone #:	<input type="checkbox"/> Home / <input type="checkbox"/> Mobile / <input type="checkbox"/> Work
Home Address:	
Email Address:	
Emergency Contact (EC) Name:	
EC Phone #:	EC Relation:
Current Medications & Supplements:	
Are you currently under the care of a physician?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
How did you hear about Spirit Healing with Emily Do?	
Have you ever had a Reiki or Access Consciousness Bars session before?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If yes, when was your last session?	# of previous sessions:
Do you have any areas of concern to address during your session?	
Do you accept the possible use of therapeutic grade essential oils during your session?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Do you accept light touch during your Reiki/Access Bars session?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Do you have any requests or other information you would like me to know?	

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki & Access Consciousness Bars 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 and Access Bars do 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 and Access Bars 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.