



Reiki Intake Form

YOUR CONTACT INFORMATION

First Name Last Name

Address Postal Code

City

Phone #

Email

Doctor's Name Doctor's phone #

Are you currently taking any medications?

Yes No

If yes, what are the medications for? (id. heart, diabetes, high blood pressure etc.)

Are you currently under the care of your Family Physician or Specialist?

Yes No

If yes, please elaborate: _____

Are you currently receiving other alternative treatments?

Yes No

If yes, what type? ie. Homeopathy, Acupuncture, ect. _____

Do you, or have you ever suffered from seizures of any sort?

Yes No

If yes, please elaborate: _____

Are you OK with being touched "appropriately" during the Reiki session or do you prefer not to be touched at all?

Touch is OK Preferred No touch

Do you have any concerns you wish to discuss before the Reiki session begins?

Yes No

Inappropriate touch of any kind by the Reiki Practitioner or the client is a breach of the Reiki Code of Ethics.





Have you ever had a Reiki session before?

Yes

No

SERVICES

60 minute in-person Reiki Session

90 minute in-person Reiki Session

60 minute Distance Reiki (via Zoom, phone call or pre-arranged time)

90 minute Distance Reiki (via Zoom, phone call or pre-arranged time)

Tandem Reiki (Reiki for caretaker and animal at the same time)

Would you like to sign up for Momentous Reiki's Monthly Newsletter?

Yes

No

What would you like me to know about you or why you are wanting to receive Reiki?

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Consent to treat with Reiki

- I understand that Reiki is a stress reduction and relaxation technique.
- I acknowledge that sessions administered are only for the purpose of helping me relax and/or to relieve stress.
- Reiki Practitioners do not diagnose conditions, nor do they prescribe substances or perform medical treatment, nor interfere with the treatment of a licensed medical professional.
- It is recommended that I see a licensed physician for myself or licensed health care professional for any physical or psychological ailment or condition I may have.
- I also understand the body has the ability to heal itself, and to do so complete relaxation is often beneficial.
- Long-term imbalances in the body require multiple sessions to allow the body to reach the level of relaxation necessary to bring the system back into balance.
- I understand and believe that self improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of Reiki.
- I acknowledge my commitment to my self-improvement process.
- I recognize that a Reiki session program must be followed to be truly effective, just as prescribed medication is only effective if taken as directed.

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.

Signature: _____ Today's date: _____

Cancellation Policy and Fees

- In the event that you find you must cancel a scheduled appointment, please provide 24 hours notice.
 - You can do that by texting or calling (613) 818-5108 or emailing Moe at momentousreiki@gmail.com
- We will try to reschedule your appointment in the following 2 weeks.
- You will be charged the full fee for your session if you cancel or change your appointment with less than 24 hours notice in advance.
- It is my policy that you pay the entire fee at the time of each session or beginning of each package - preferably at the beginning of the session so that it will not interrupt the flow of our work.
- Payments can be made with cash, e-transfer, credit or debit.
 - If you would like to arrange another payment option, please let me know.
- Fees are as listed on the website www.momentousreiki.ca

Signature: _____

Today's date _____

