Momentous reiki Client Information Form
As per The Canadian Reiki Association

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 to relieve stress. Reiki practitioners do not diagnose conditions, nor do they prescribe substances or perform medical treatment, nor interfere with the treatments 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 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.

Signed _____   Date_____

Name _____   DOB _____

Address _____

City/Town _____   Postal Code _____

Phone _____   Email _____

Doctor's Name _____   Phone # _____

Are you currently taking any medications?   Yes ☐   No ☐
If yes, please elaborate.

_____
Are you currently receiving other alternative treatments?   Yes ☐   No ☐
If yes, what type ie: Homeopathy, acupuncture etc?

_____
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 ☐   Prefer not to be touched ☐

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

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

Yes ☐   No ☐