

## Client Intake Form For New Clients

### Client Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Would you like to be included on our mailing list?  yes  no

Have you ever had a Reiki session before?  yes  no

What do you hope to accomplish with this Reiki session?

Relaxation       Stress Reduction       Pain Reduction       More Energy

Other? Please explain. \_\_\_\_\_

List any specific areas you would like the practitioner to concentrate on during the session.

\_\_\_\_\_

\_\_\_\_\_



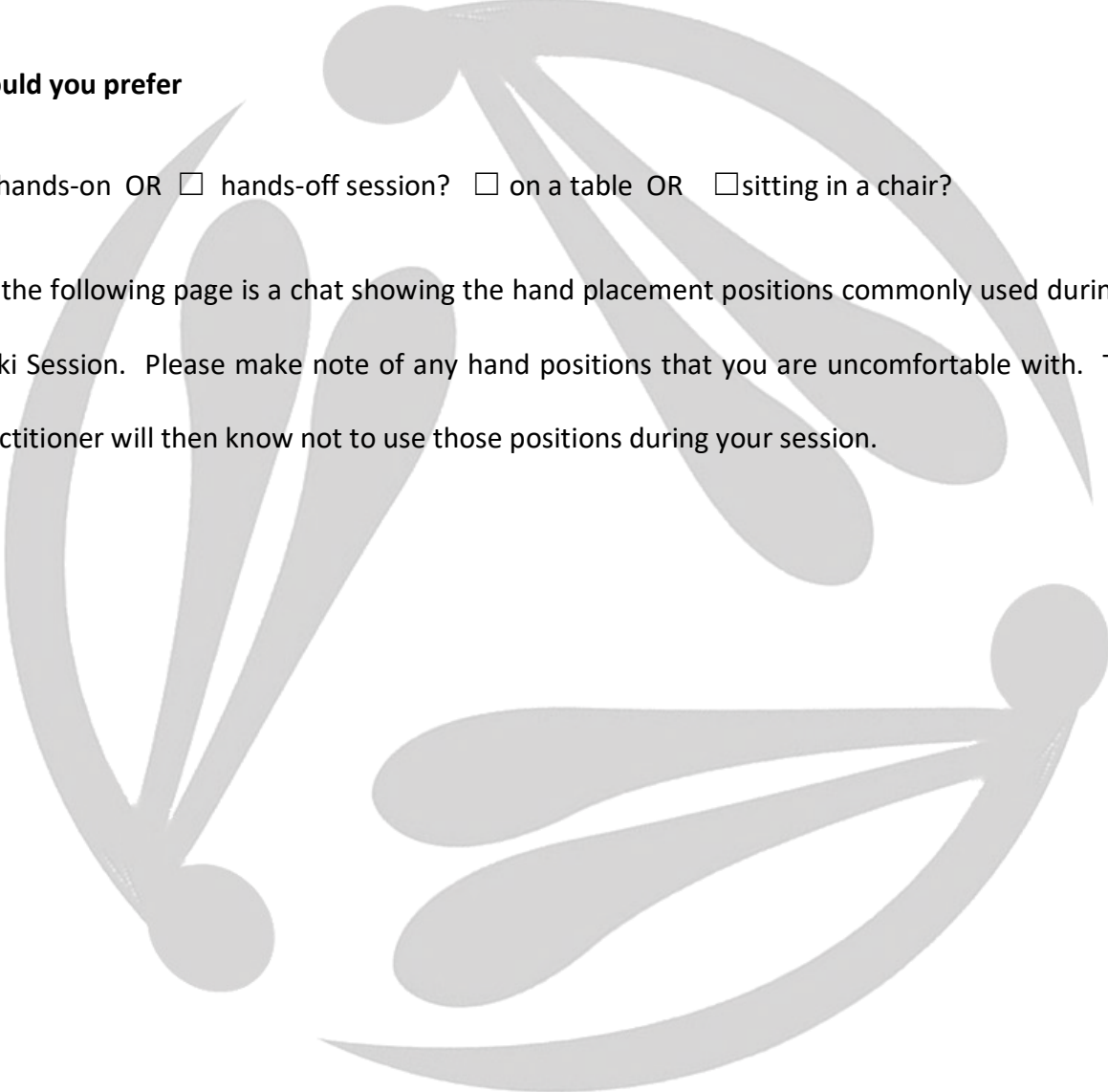
## Reiki Session Hand Placement Opt-out Form

During the Reiki Session, the practitioner will place their hands lightly upon, or slightly off your body. Your personal comfort is very important during the Reiki session.

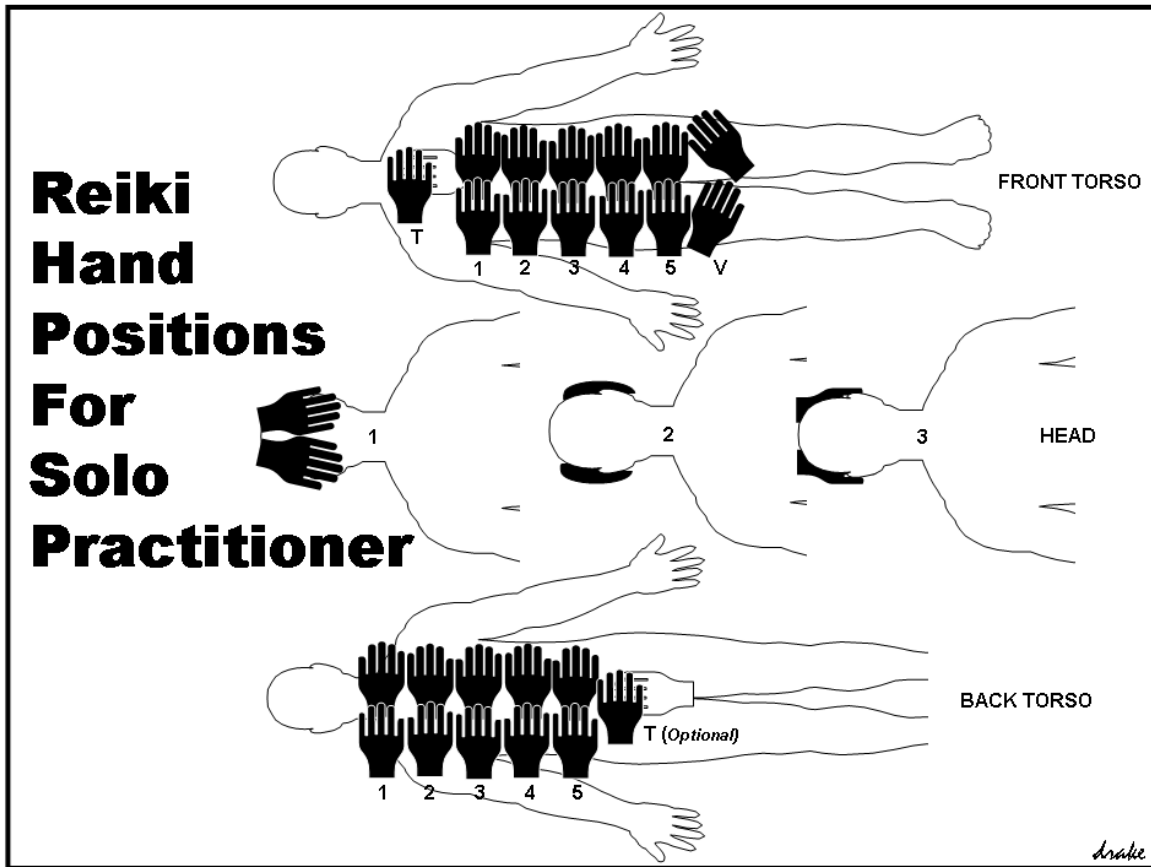
### Would you prefer

hands-on OR  hands-off session?  on a table OR  sitting in a chair?

On the following page is a chat showing the hand placement positions commonly used during a Reiki Session. Please make note of any hand positions that you are uncomfortable with. The practitioner will then know not to use those positions during your session.



## Hand Placements Commonly Used During A Reiki Treatment Session



Front Torso Positions: T \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ V \_\_\_

Head Positions: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_

Back Torso Positions: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ T \_\_\_

If you have a specific complaint and wish for hand placements not on this chart (such as the legs or feet), please discuss this with the Reiki Practitioner conducting your session.

## Statement of Informed Consent

By signing this form, I hereby voluntarily request and consent to receiving Reiki services from the Reiki practitioners providing service through Reiki with Jotaro. I understand and acknowledge that no guarantee has been made to me as to the effect of such services. I further understand that in no way are these services meant to be construed by me as the diagnosis or treatment of disease, but rather as an aid to balancing my energy and to possibly improving my general wellness. I have discussed the procedure and understand the information provided to me describing what is Reiki and what I can expect in a session. I understand that I may refuse any and all services at any time during my session and that if I experience any discomfort during the session, I will immediately communicate that to the practitioner. I understand that Reiki is not a substitute for medical treatment or medications and it is recommended that I concurrently work with my doctor or primary caregiver for any condition I may have. I am aware that my Reiki Practitioner does not diagnose illness and does not prescribe medication.

**Client signature\***

**Date**

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\*If under the age of eighteen a parent or guardian must sign, and be present during the treatment session. There will be no exceptions to this rule under any circumstance.





**Practitioner's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_