



**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_ **Mobile Tel:** \_\_\_\_\_ **Work Tel:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Emergency Contact**

**Name/Phone/Relation:** \_\_\_\_\_

Would you like to be emailed announcements about events or discounts? Yes / No

If there are any questions that you do not feel comfortable answering, please leave the section blank and we can discuss this in person.

How would you rate your present state of health? Please circle. Excellent Good Fair Poor

Is this your first Reiki/Reflexology session? Yes / No If yes, when, where and how often were the sessions? \_\_\_\_\_

Why are you trying Reiki/Reflexology? \_\_\_\_\_

List any past and current major illness/accidents/surgery: \_\_\_\_\_

Are you currently under a doctor's care? Yes / No If yes, please explain: \_\_\_\_\_

Are you taking any medication(s)? If yes, please list them. \_\_\_\_\_

For women, are you pregnant or trying to get pregnant? Yes / No If yes, please discuss. \_\_\_\_\_

List other therapies such as conventional medicine or chiropractics you are currently participating: \_\_\_\_\_

Where is the most evident spot of tension in your body? (i.e. neck, shoulders, jaw) \_\_\_\_\_

Are you experiencing any problems with your feet? Yes / No If yes, please describe. \_\_\_\_\_

How did you find me? If referred, please give name of referral. \_\_\_\_\_

What is the reason for your visit? What would you like to work on today's session? What is your primary goal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Health:**

Circle any that apply today: Fever / Infection / Cold / Flu / Inflammation / Pain (where?) \_\_\_\_\_

Do you have foot / hand / ear problems? Yes / No If yes, please explain. \_\_\_\_\_

Please indicate with an "R" for right and "L" for left foot next to the conditions you have now, and had in the past.

Plantar Fasciitis	Neuroma	Gout	Carpal Tunnel	Neuropathy	Bunion
Plantar Warts	Athlete's Foot	Bone Spur	Orthotics	Other: _____	

Please list any chronic conditions you have now and had in the past. This includes heart problems, menstrual issues, constipation, allergies, diabetes, sciatic, spinal injury, joint disorders, TMJ, digestive issues, skin disorders, varicose veins, stress, etc. \_\_\_\_\_

**Contraindications:**

Please read the information below prior to booking a session to avoid disappointment. A medical contraindication to reflexology means there is a reason not to treat unless permission has been gained. If you are on medication, or under a doctor's care for any condition, his/her consent may be needed before you can receive Reflexology. If you are uncertain about any of the conditions that may restrict treatment, please contact your doctor or me for clarification. If you are already being treated by your medical doctor(s) or other therapist for any condition, including diabetes, arthritis, cardiovascular conditions (thrombosis, phlebitis, hypertension, heart conditions, recent operations), kidney infections, fever and infectious diseases, and risk pregnancies, you may not be treated without consent from your medical doctor/therapist.

**Lifestyle: (circle one)**

Energy Levels: Excellent / Normal / Below Average / Poor

Ability to Relax: Excellent / Normal / Below Average / Poor

Smoker: Yes / No How much? \_\_\_\_\_

Drink Alcohol: Yes / No How much? \_\_\_\_\_

Exercise: Daily / Weekly / Occasional / None What type(s)? \_\_\_\_\_

Sleep Pattern: Excellent / Normal / Below Average / Poor - # of hours sleep per night on average: \_\_\_\_\_

**Session Information:** (To create a more comfortable environment during the session.)

Allergic to cats: Yes / No (One location I work from has cats.)

Do you have any difficulty lying on your back or front for a session? Yes / No If yes for either one, please explain.

Would you prefer a chair that keeps your body upright? Yes / No

I sometime use essential oils, may I use them? Yes / No

Is there any other information you would like to share? \_\_\_\_\_



**Contract for Services**

To the clients of Reiki/reflexology, you need to know that:

1. I am not a doctor.
2. I do not practice medicine.
3. I do not diagnose or treat for specific illness.
4. I do not prescribe or adjust medication.
5. Reiki/Reflexology is not a substitute for medical treatment, but is considered a complement to most types of therapy.

**What is Reiki?**

Reiki, meaning “universal life energy,” is a health practice in which practitioners place their hands lightly on or just above the person; with the goal of facilitating the person’s own healing response. Reiki is based on an Eastern belief in an energy that supports the body’s innate or natural healing abilities. Benefits of Reiki include pain management, stress reduction and relaxation.

I understand that the practitioner will be placing hands on and/or above me during the Reiki session.  
Please Initial \_\_\_\_\_

**What are Reiki’s benefits?**

1. Reiki promotes overall health and well-being.
2. Reiki can help manage pain and reduces stress.

**What is Reflexology?**

Reflexologists believe the entire body is mirrored on the feet and hands. Foot and hand reflexology is a scientific art based on the premise that there are some zones and reflex areas in the feet and hands which correspond to all body parts. The physical act of applying specific pressures using thumb, finger and hand techniques results in stress reduction, which causes physiological changes in the body. A primary benefit of reflexology is relaxation. Relaxation through reflexology may help the body to balance any kind of stress it is experiencing.

**What are Reflexology’s benefits?**

1. Reflexology promotes balance and normalization of the body naturally.
2. Reflexology reduces stress and brings about relaxation, and
3. Reflexology improves circulation and the delivery of oxygen and nutrients to the cells.

By signing this form, I give my consent to a Reiki/Reflexology session. I acknowledge I have read and understand the information herein. I understand that I may discontinue a session or sessions at any time. If I have been diagnosed by a licensed health professional as having any disease, injury or other physical or mental condition, I understand that I should inform the person who made that diagnosis about the session I will be receiving, and whether or not I intend to discontinue any treatment or therapy which has been previously ordered, prescribed or recommended by any licensed health professional. I understand that by discontinuing any such treatment or therapy, I assume full responsibility for any negative outcome resulting therefrom.

**REIKI/REFLEXOLOGY IS NOT A SUBSTITUTE FOR MEDICAL CARE. IF YOU ARE EXPERIENCING ANY SPECIFIC MEDICAL PROBLEM AND HAVE NOT SEEN YOUR MEDICAL DOCTOR, I RECOMMEND YOU DO SO TODAY.**

**Name (printed):** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If client is a minor, signature of parent or guardian: \_\_\_\_\_



**Policy**

**Please check after reading each item. Yes if you agree and No if you do not.**

- Clients will provide a health history at the first session and provide updates as necessary. Yes  No
- Sessions begin and end at scheduled times. Please arrive 5-10 minutes prior to your scheduled time so that your appointment may begin in a timely manner. Clients who are tardy in excess of 15 minutes will be expected to reschedule unless agreed to by practitioner. Failure to make the scheduled appointment on time will result in a shortened session at the full session price. Yes  No
- If a cancellation is necessary, please give a minimum of 24 hours notice or you will be charged for the appointment. Emergency cancellations are determined at the discretion of the practitioner. Please understand someone else may need the slot. Yes  No
- Please do not arrive for your session under the influence of alcohol or illegal drugs. Yes  No
- Payment in the form of cash, check or credit card and is due in full at the time service is rendered. Yes  No
- There will be a \$25.00 fee assessed for checks returned for insufficient funds. Yes  No
- Harassment will not be tolerated. Offensive or explicit remarks, including remarks of a sexual nature, will result in the immediate termination of the session. The client will remain responsible for the full session fee and may be asked not to return for further sessions. Yes  No
- If at any point you experience physical or emotional discomfort, inform the practitioner immediately so that the session can be modified to suit your comfort. Understand that you can end the session at any time, if necessary. The client will remain responsible for the full session fee unless agreed upon with the practitioner. Yes  No
- The practitioner reserves the right to refuse service or terminate any session at her discretion. Yes  No
- Unless confirmed with the practitioner in advance, please do not bring any other person to your session. Yes  No

I have read and understand the foregoing and agree to the terms and conditions set therein.

**Name (printed):** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If client is a minor, signature of parent or guardian: \_\_\_\_\_