

Client Information Form

Print Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Which is best to reach you on? _____

E-mail _____

Marital Status _____ Age _____ Birthday _____

Occupation _____

Number of children _____ Sex & ages _____

Referral Source _____

Please answer the following questions:

Are you currently seeing a medical doctor for physical problems? Yes or No

If so, What are you being treated for? _____.

Are you currently taking any medication? Yes or No

If so, What medications? _____.

Are you Pregnant? Yes or No.

If so, How far along are you? _____. Any Complications? _____.

Do you have any physical complaints and symptoms? Yes or No

If so, What are they? (ie back ache, joint pain, digestive issues) _____

_____.

What is your opinion of your emotional status (ie depression, anxiety, etc)?

_____.

Are you currently seeing a psychologist/psychiatrist/ social worker? Yes or No

If so, for what reason? _____.

Are you taking any psychotherapeutic medication? Yes or No Name _____.

What brings you to this session? _____.

What do you hope to gain from this work? _____

_____.

Describe a scene in nature that relaxes you, ie a walk on the beach. _____

I, _____ undersigned understand that the Reiki/ Emotional Freedom Technique(EFT)/ Yoga session given is for the purpose of stress reduction and relaxation. I understand that a Reiki/ Emotional Freedom Technique(EFT)/ Yoga session is not a substitute for medical or psychological diagnosis and treatment. Reiki practitioners do not diagnose conditions, nor do they prescribe or perform medical treatments, nor substances, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician for any physical ailment I have. I understand that I must give 24 hour notice of appointment cancellation or I will be responsible for the full payment.

Signature _____ Date _____