



INTAKE FORM - REIKI

Name: _____ Date: _____
Address: _____ Postal Code: _____
Telephone (h): _____ Telephone (o): _____
Birthday: **mm** ____/**dd** ____/**yy** _____ Sex: M / F
Email: _____
Family Doctor: _____
Allergies: _____

I, _____, understand that any intended Reiki session I may receive from Joanna McDonald, Reiki Master is provided for the basic purpose of relaxation and stress reduction, and for health information purposes only. I further understand that the above stated Reiki treatment that I may receive is not a substitute for medical examination, diagnosis, or treatment and nothing said or done during the session should be construed as such. I understand that I should see a physician, chiropractor or qualified medical specialist for mental or physical ailments that I have/may develop.

I am responsible for keeping my health professional informed of any changes in my physical condition which may affect my treatment. I understand that Reiki masters are not qualified to perform skeletal adjustments, diagnose and/or prescribe, and that nothing said in the course of the session should be construed as such.

I take personal responsibility for my well-being and accept control of my choices; therefore my heirs, guardians, legal representative and I hereby & forever release, waive, and discharge any claims against Joanna McDonald and/or any of her associates, affiliates or relations. I agree that Joanna McDonald shall not be held personally or professionally liable for any damage, illness or injury that may be sustained by me, either by my person or by my property, while on any premises where she is practicing. I have read the preceding information and understand my rights and responsibilities as a client. I understand this contract is binding and acknowledge that I am signing of my own free will.

Name: _____ **(please print)**

Client Signature: _____ **Date** _____

Practitioner Signature: _____ **Date** _____

Initial: ____ I have been informed of the nature of the treatment and all the risks involved. These may contain, but are not limited to: dizziness, emotional release, headache, nausea or post-treatment aches. I agree to let Joanna McDonald know at any time if I am: **(a)** at all uncomfortable, **(b)** not feeling able to continue the treatment, or **(c)** wish to momentarily stop or discontinue the treatment.

Initial: ____ I consent to the use of essential oils and aromatherapy products. I am aware that essential oils may be used during the course of the treatment and that they could potentially cause allergies or skin irritation. I have had the opportunity to ask questions about the types of products used. I realize that at no time after signing this form may Joanna McDonald be held liable for any physical or emotional reactions resulting from the use of essential oils or other aromatherapy products.

Initial: ____ I have chosen to provide my email address and consent to allow Joanna McDonald to send information periodically via email.

PERSONAL INFORMATION

1. Place a check mark if you have/suffer from any of the following:

- diabetes migraines joint diseases tension headaches heart problems
- skin disease kidney disease digestive disease high blood pressure
- infectious disease respiratory disease joint or muscle injuries areas of numbness
- areas of chronic pain paralysis pregnant liver disease dental problems
- Arthritis

Please list any other conditions not mentioned: _____

2. Are you taking medication or natural supplements? Y or N

If yes please list: _____

3. Have you ever had any surgeries, pregnancies or accidents? Y or N If yes please list:

4. Do you have any muscular issues or chronic pain? Y or N

Indicate which muscles in your body usually suffer from tension, soreness, etc.

back neck shoulder arms chest legs wrists hips jaw

5. Please list all allergies; food and environmental: _____

6. Are you uncomfortable with touch?

Please specify: _____

7. Previous or current treatments from other health care professionals:

Please specify: _____

8. Are there any other comments or health concerns you feel you'd like to mention? _____

