

**Health History Form – Reiki**

Full Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Business \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name and Number of Physician: \_\_\_\_\_

DOB: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please answer the following questions to the best of your ability  
Failure to do so may result in adverse or negative repercussions to the treatment.**

Have you had Reiki Therapy before? Please Circle Yes No

Do you have any of the following? Please Circle

**INTERNAL PINS                  WIRES                  ARTIFICIAL JOINTS                  SPECIAL EQUIPMENT**

If yes and you have circled any of the above please explain what or where: \_\_\_\_\_

\_\_\_\_\_

Are you currently receiving treatment from another healthcare professional?

Please circle YES NO

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

**Medication and Health**

Please list all medications you may be taking and the condition(s) they are currently treating.

MEDICATION

CONDITION

1. \_\_\_\_\_

2. \_\_\_\_\_

**Women Only:** Are you pregnant? Yes No Unsure #of weeks \_\_\_\_\_

Have you ever suffered from seizures of any sort? Yes No

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

**Please indicate the condition that you have experienced or are experiencing**

**Cardiovascular**

- High Blood pressure
- Low Blood pressure
- Chronic congestive heart failure
- Heart attack
- Phlebitis/varicose veins
- Stroke/CVA
- Pacemaker or similar device
- Heart Disease
- Dizziness/vertigo
- Seizures
- Other(s): \_\_\_\_\_

**Digestive**

- Constipation
- Crohn's Disease
- Colitis
- Irritable bowel syndrome
- Ulcers
- Heart Burn
- Other(s) \_\_\_\_\_

**Head and Neck**

- History of headaches
- History of migraines
- Vision problems
- Loss of Vision
- Ear problems/loss of hearing
- Other(s) \_\_\_\_\_

**Infectious Conditions**

- Skin conditions Describe: \_\_\_\_\_  
\_\_\_\_\_
- Respiratory conditions Describe: \_\_\_\_\_  
\_\_\_\_\_
- AIDS
- Herpes
- Hepatitis
- Shingles
- Other(s) \_\_\_\_\_

**Other Conditions**

- Loss of sensation/Where? \_\_\_\_\_  
\_\_\_\_\_
- Hypersensitivities/Where? \_\_\_\_\_  
\_\_\_\_\_
- Diabetes Onset \_\_\_\_\_ Type \_\_\_\_\_
- Allergies/Hypersensitivity What to \_\_\_\_\_  
\_\_\_\_\_
- Osteoporosis
- Scoliosis
- Hemophilia
- Fibromyalgia
- Chronic Fatigue
- Arthritis - Osteo or Rheumatoid  
Location(s): \_\_\_\_\_
- Polio / Post Polio
- Cancer / Are you currently undergoing  
Treatment: \_\_\_\_\_
- Other(s): \_\_\_\_\_

**Muscle and Joint**

- Neck
- Back (Lower)
- Back (Middle)
- Back (Upper)
- Shoulders
- Elbow ( L R )
- Wrist ( L R )
- Hip ( L R )
- Knee ( L R )
- Ankle/Foot ( L R )
- Other(s): \_\_\_\_\_

**Skin Conditions**

- Eczema
- Psoriasis
- Rash
- Warts
- Open Sore
- Impetigo
- Other(s): \_\_\_\_\_

**Respiratory**

- Asthma
- Bronchitis
- Emphysema
- Chronic Cough
- Shortness of Breath
- Other(s): \_\_\_\_\_

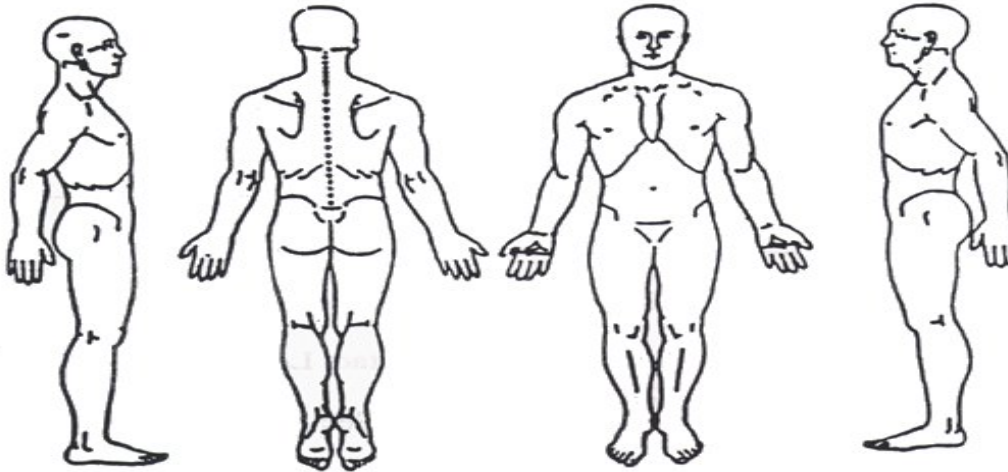
**Endocrine**

- Hyper/Hypo Thyroidism
- Hyper/Hypo Parathyroidism
- Crushing's syndrome
- Addison's Disease
- Pituitary Diseases
- Other(s): \_\_\_\_\_

**Women**

- Pregnancy; Due Date: \_\_\_\_\_
- Previous pregnancy complications: \_\_\_\_\_  
\_\_\_\_\_
- Menopausal problems
- Menstrual problems
- Gynecological Conditions What? \_\_\_\_\_  
\_\_\_\_\_
- Other(s) \_\_\_\_\_

**Please Circle Areas of Pain**



Please outline on the diagram the area of your discomfort  
Pain scale 1 2 3 4 5 6 7 8 9 10  
Mild Moderate

Overall, how is your Health? \_\_\_\_\_

Are there any conditions not stated above or any other information you would like to provide? \_\_\_\_\_

**Canadian Reiki Association Client Information Form**

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

**Late Cancellation and No-Shows:** Your appointment is valuable time that your practitioner has reserved for you. A minimum of 24-hours notice is required to cancel or reschedule appointments.

**Appointments cancelled with less than 24 hours notice will be subject to a fee of 50% of treatment cost** if you choose not to attend your scheduled appointment or if insufficient notice is given for a cancellation.

**I have read and understand the above noted policies.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_