

Health History Form – Reiki

Full Name:

Date Of Birth: _____

**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 Check Yes No

Do you have any of the following? Please Check

INTERNAL PINS WIRES ARTIFICIAL JOINTS SPECIAL EQUIPMENT

If yes and you have checked any of the above please explain what or where:

Are you currently receiving treatment from another healthcare professional?

Please Check 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.

MEDICATIONS CONDITIONS

1. 1.

2. 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 Heart Disease
 Low Blood Pressure Dizziness/Vertigo
 Chronic Congestive Heart Failure
 Heart Attack Seizures
 Phlebitis/varicose veins
 Stroke/CVA
 Pacemaker or similar device
 Other(s):

Muscle and Joint

Neck Elbow Left
 Back (LOWER) Elbow Right
 Back (MIDDLE) Wrist Left
 Back (LOWER) Wrist Right
 Shoulders Hip Left
 Knee Left Hip Right
 Knee Right Ankle Left
 Ankle Right
 Other(s):

Digestive

Constipation Other(s):
 Crohn's Disease
 Colitis Irritable Bowel Syndrome
 Heart Burn Ulcers

Skin Conditions

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

Head and Neck

History of Headaches Loss of Vision
 History of Migraines Ear Problems/Loss of hearing
 Vision Problems Other(s):

Respiratory

Asthma Bronchitis
 Ephysema Chronic Cough
 Shortness of Breath
 Other(s):

Infectious Conditions

Skin Conditions. Describe:
 Respiratory Conditions. Describe:
 AIDS Herpes Hepatitis Shingles

Endocrine

Hyper/Hypo Thyroidism
 Hyper/Hypo Parathyroidism
 Crushing's Syndrome
 Addison's Disease
 Pituitary Diseases
 Other(s):

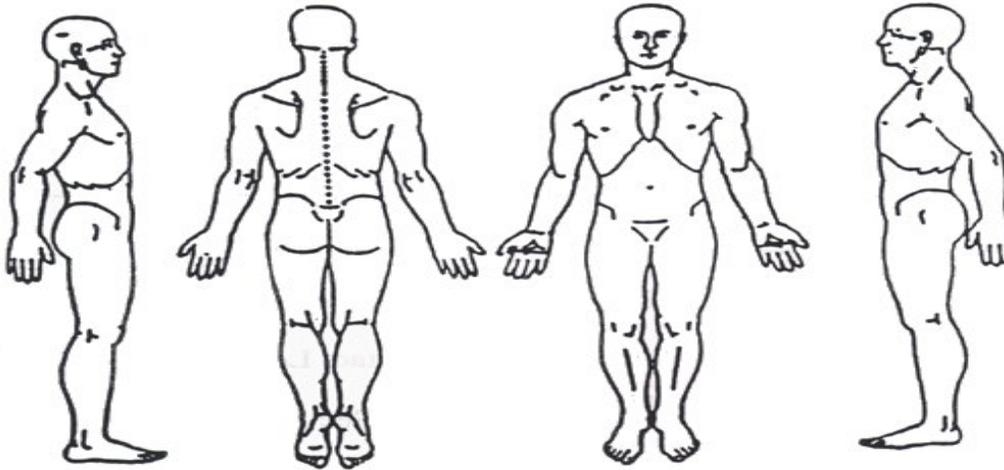
Other Conditions

Cancer/are you currently undergoing treatment:
 Loss of Sensation/Where?
 Hypersensitivities/Where?
 Diabetes Onset Type
 Allergies/Hypersensitivity. What to?
 Osteoporosis Scoliosis Fibromyalgia
 Chronic Fatigue Polio/Post Polio
 Arthritis-Osteo or Rheumatoid
 Location(s):
 Other(s):

Women

Pregnancy; Due Date:
 Previous Pregnancy Complications:
 Menopausal Problems
 Menstrual Problems
 Gynecological Conditions, What are they?
 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

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: _____

YYYY-MM-DD