

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):	

Digestive

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

Head and Neck

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

Infectious Conditions

Skin Conditions. Describe:

Respiratory Conditions. Describe:

AIDS	Herpes	Hepatitis	Shingles
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Other Conditions

Cancer/are you currently undergoing treatment:

Loss of Sensation/Where?

Hypersensitivities/Where?

Diabetes Onset	Type
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Allergies/Hypersensitivity. What to?

Osteoporosis	Scoliosis	Fibromyalgia
Chronic Fatigue	Polio/Post Polio	

Arthritis-Osteo or Rheumatoid

Location(s):

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):

Skin Conditions

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

Respiratory

Asthma	Bronchitis
Ephysema	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:

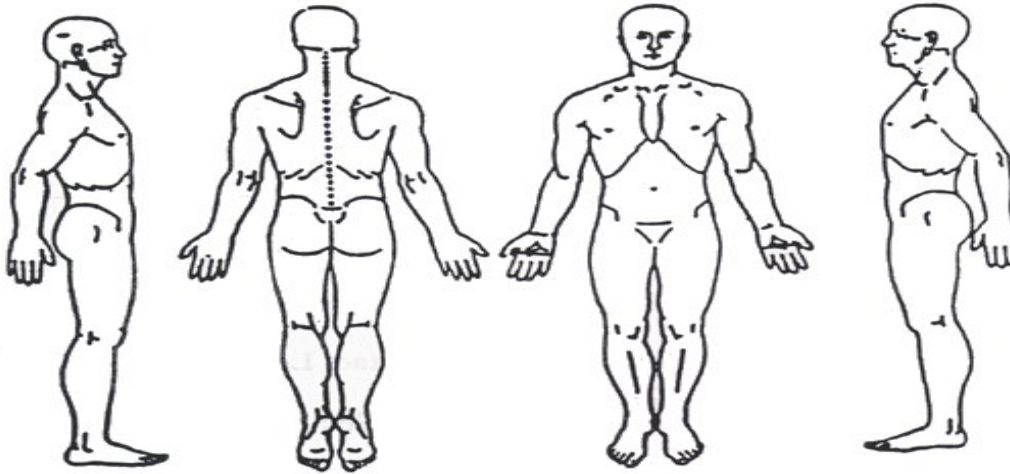
Menopausal Problems

Menstrual Problems

Gynecological Conditions, What 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