



# Dolphin Healing Hands

*May Peace, eternal love, light & harmony be your reality!*

## Reiki Client Information Form

Name: (Please Print) \_\_\_\_\_

Phone (home): \_\_\_\_\_ Cell phone or evening: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Current Medications and dosage: \_\_\_\_\_

Are you currently under the care of a physician?  Yes  No

If yes, physician's name: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever had a Reiki session before?  Yes  No

If yes, when was your last session? \_\_\_\_\_

Number of previous sessions \_\_\_\_\_

Do you have a particular area of concern? \_\_\_\_\_

Are you sensitive to perfumes or fragrances? \_\_\_\_\_

Are you sensitive to touch? \_\_\_\_\_

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

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

### *Privacy Notice:*

*No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.*



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## Reiki Documentation Form

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Session

\_\_\_ Relaxation and Stress Reduction

\_\_\_ Specific Issue:

Physical \_\_\_\_\_

Emotional \_\_\_\_\_

Mental/Spiritual \_\_\_\_\_

Changes since last session:

Observation / Scan before Reiki Session:

Observation / Scan after Reiki Session: \_\_\_\_\_

Post Session Notes: \_\_\_\_\_

Length / Type of Session: \_\_\_\_\_

Follow up Planned: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_