

The International Center For Reiki Training

Client Information Form

I understand that Reiki is a stress reduction and relaxation technique. I acknowledge that treatments administered are only for the purpose of helping me relax and to 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 I may have.

I also understand and believe that the body has the ability to heal itself, and to do so complete relaxation is often beneficial. Long term imbalances in the body sometimes require multiple treatments 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 a Reiki treatment.

I acknowledge my commitment to my self-improvement process. I recognize that a Reiki treatment program must be followed to be truly effective, just as prescribed medication is only effective if taken as directed.

Signed: _____ Print Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

List treatments or medications client is currently receiving?

Medication or Treatment Type	Dosage or Frequency	When did they start
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments and history

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Reiki Treatment Documentation Form

Client Name: _____

Date:_____ Treatment start time: _____ End time:_____

Treatment Type: *(indicate treatment time for all that apply)*

Usui/Tibetan Full Body _____ Karuna Reiki _____

Healing Attunement _____ Aura Clearing _____

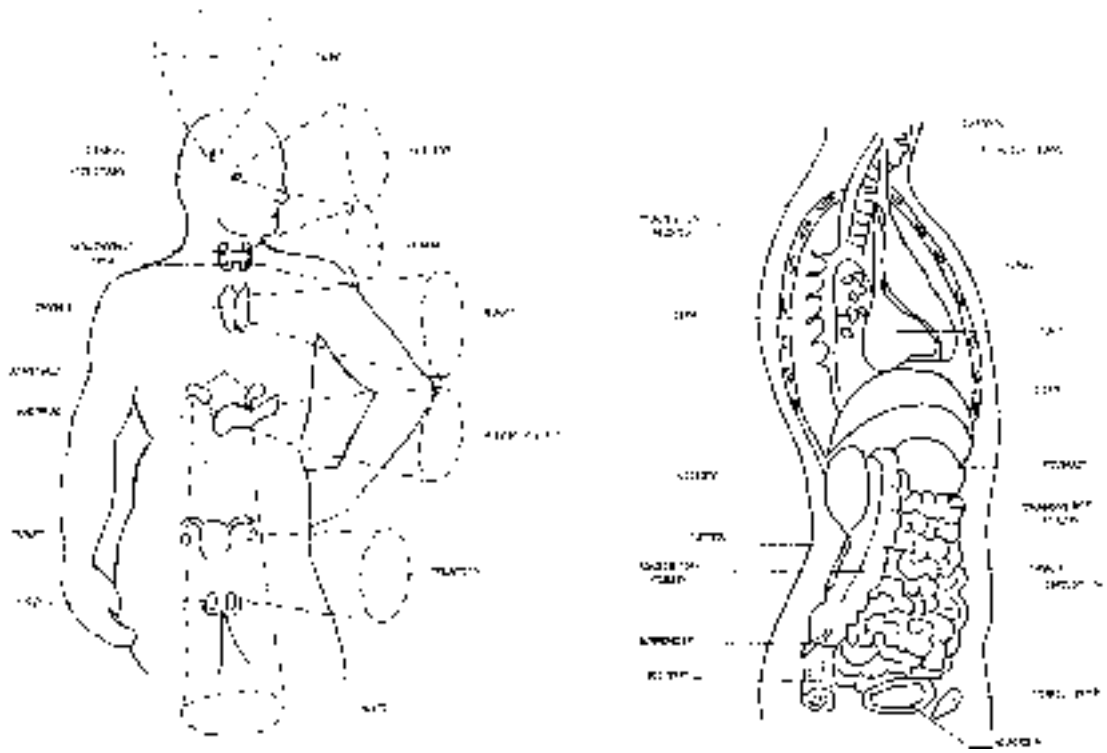
Treatment notes: *(more notes on back)*

Indicate the reason client has come to you and the areas where blockages and/or releases were felt. Identify blockages in the appropriate energy body, Physical, Emotional or Mental. Has there been any change in client condition, medications or dosages, (recommended by doctor) other treatment programs, or environment, etc. that should be noted?

Practitioner Signature: _____ Date: _____

(This is the form used in the Licensed Teacher Program to keep track of treatments.)

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Additional treatment notes or drawings:
