



## Client Information Form

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred means of contacting you/appointment reminders: Text message \_\_\_ Email \_\_\_ Both \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Emergency Contact (optional): \_\_\_\_\_

Sensitivities or allergies: \_\_\_\_\_

Have you ever had an energy treatment session before? \_\_\_Yes \_\_\_No

If yes, when was your last session? \_\_\_\_\_ Number of previous sessions: \_\_\_\_\_

I sometimes use essential oils in the room, quiet relaxation music, a singing bowl or chimes to enhance a session. Please let me know if you have sensitivities, concerns or preferences.

How did you hear about Harmony Hands Reiki? \_\_\_\_\_

I understand that Harmony Hands LLC uses simple, gentle, hands-on energy techniques for stress reduction and relaxation. I understand that Reiki/CST 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 sessions at Harmony Hands LLC do not take the place of medical care. I understand that Reiki/CST treatments 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 imbalances in the body sometimes require multiple sessions to facilitate the level of relaxation needed by the body to heal itself.

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

*No information about any client will ever be discussed or shared with anyone.*