



## Client Information Form

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

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

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

Sensitivities or allergies, concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had an energy treatment session before? \_\_Yes \_\_No Left or right-handed? \_\_\_\_\_

I sometimes use essential oils in the room, quiet relaxation music, singing bowls 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 you will ever be discussed or shared with anyone.*

Office use: