

# Reiki Session Consent Form

I hereby request and consent to Reiki treatment by \_\_\_\_\_, a Reiki Master. I understand that Reiki serves individuals with a wide range of complaints, including both acute and chronic healthcare issues. No guarantees concerning its use and effect are given to me.

## **Please Initial:**

\_\_\_ I have been advised that if I suspect I may have a medical condition, I should seek help from a qualified medical practitioner.

\_\_\_ I have been advised that if I take any prescription drugs, I must first consult my GP/consultant before making any alterations.

\_\_\_ I am over 16 years of age. The information I have given is true to the best of my knowledge, and I have not withheld any relevant information.

\_\_\_ I understand that all information will be treated in the strictest confidence.

\_\_\_ The Practitioner has fully explained the Reiki treatment and the procedures involved.

\_\_\_ I understand that at all times, my personal body privacy will be maintained, I am not required to remove any clothing, except my shoes.

\_\_\_ I confirm that the details given by me to the Practitioner are correct and that if any of the personal information changes, then I accept that I must inform the Practitioner accordingly.

\_\_\_ I understand that if there is an emergency, a worsening of my health condition, or a new ailment or condition arises, that I should consult a licensed physician.

\_\_\_ I have had opportunity to ask questions regarding the above, and I am willing to proceed with the treatment.

\_\_\_ I understand that the fee per session is \_\_\_\_

**By signing below, I verify that I have read and understood the above statements and agree to them.**

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Client Name (Printed)

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Client Signature

(e-sign)

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Date