

CranioSacral Client Intake Form

Client Information

Name: _____ Date: _____

Occupation: _____ Date of Birth: _____

Address: _____

City: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Emergency Contact Name & Phone # _____

Email Address _____

Check here to receive our Wellness e-newsletter

What is your primary reason for this session today? _____

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

Are you in pain ? Yes No _____

Informed Consent

I understand that Reiki is a gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that this Reiki practitioner does not diagnose conditions, 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. 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 my health is my responsibility.

Client Signature

Date

All information is confidential . 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