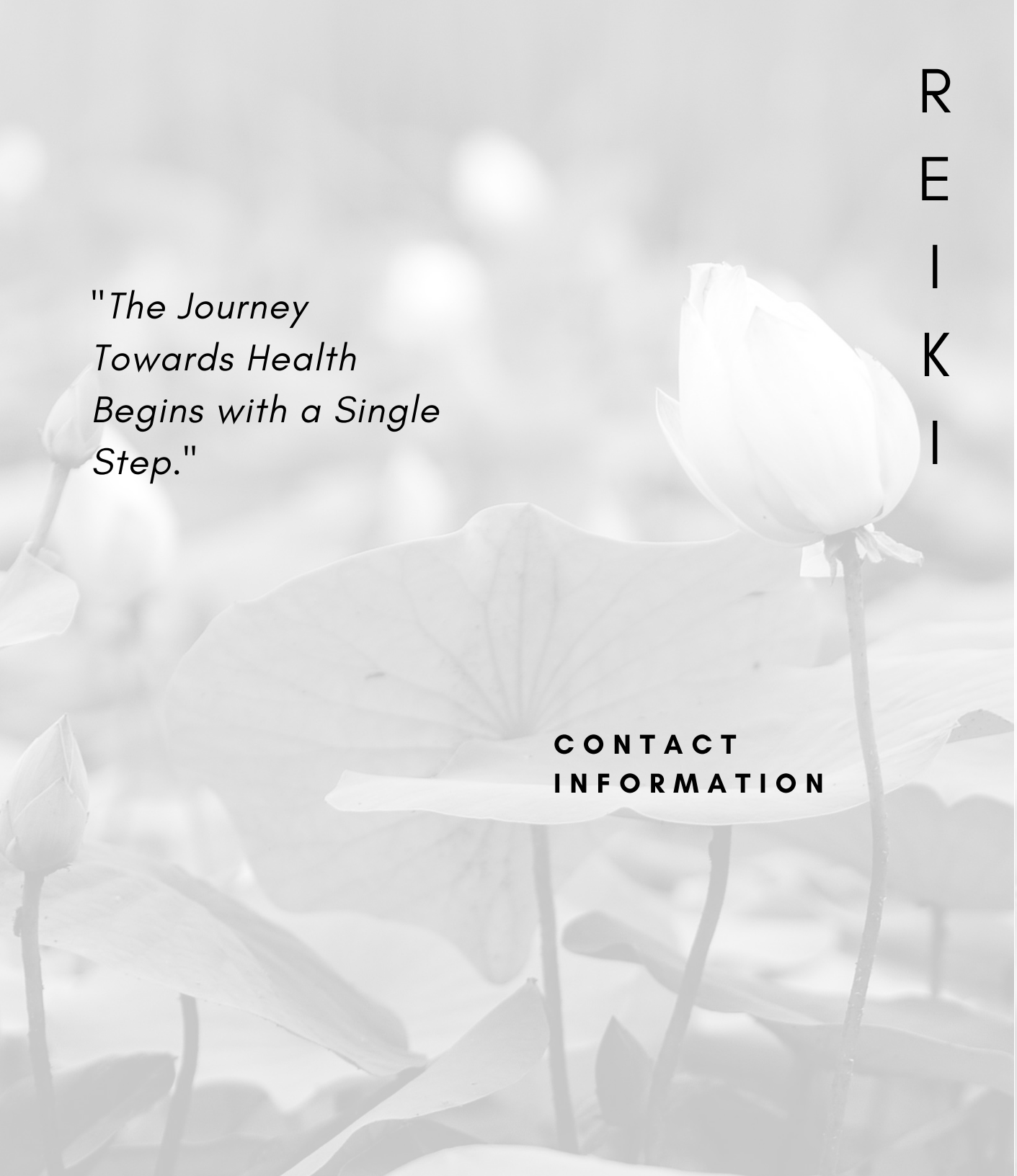

REIKI

"The Journey Towards Health Begins with a Single Step."

CONTACT INFORMATION

REIKI

BY

HOW IS REIKI DIFFERENT FROM OTHER THERAPIES?

Reiki is holistic in its approach and works with not only the symptoms an individual experiences but the root cause of the imbalance as well.

HOW DO I KNOW THIS IS RIGHT FOR ME?

People who have a nagging feeling that something in their life or body mind is out of balance or they feel like they are struggling within themselves and their environment usually find Reiki at the perfect time for them. The fact that you are reading this brochure could be the sign that your body mind is ready to heal and experience growth.

Experience the many of benefits of Reiki. A Reiki session is usually very relaxing for the client.

WHAT TO EXPECT DURING A REIKI SESSION?

You will complete a confidential client history form that outlines the areas in your body and life that you would like the session to focus on. This will also help the practitioner monitor your progress from session to session. Once you have asked any questions you have, you will lie fully clothed on a therapy table and relax. The practitioner will place their hands above your body over various parts in a sequential method. At the end of the session, you can discuss any questions you may have with the practitioner.

WHAT REIKI CAN DO

Reiki works with the energetic, physical and emotional aspects of the individual to address imbalances on all levels.

Reasons you may want to experience a Reiki session:

- **GENERAL BALANCING**
- **CLEARING EMOTIONAL BLOCKS**
- **PHYSICAL PAIN**
- **INCREASING CLARITY**
- **ISSUES WITH LIFE**

REIKI BY

CONFIDENTIAL CLIENT CASE HISTORY AND INTAKE FORM

NAME:	DATE:
ADDRESS:	PHONE:
POSTAL CODE:	EMAIL:
DATE OF BIRTH:	REFERRED BY:
WOULD YOU LIKE TO RECEIVE UPDATES VIA EMAIL?	

PRIMARY CONCERNS:	LEVEL: 1 (HARDLY NOTICE SYMPTOMS) TO 10 (SYMPTOMS ARE UNBEARABLE):

A:	LEVEL:
B:	LEVEL:
C:	LEVEL:

MEDICATIONS/REMEDIES/SUPPLEMENTS & REASON FOR TAKING:

SIGNIFICANT ACCIDENTS/INJURIES:

REIKI BY

PLEASE PLACE AN X BESIDE ANY CONDITIONS THAT APPLY (PAST OR PRESENT):		
CANCER: ✔	VARICOSE VEINS:	ALLERGIES: ✔
HEART DISEASE: ✔	H/L BLOOD PRESSURE:	SURGERY: ✔
DIABETES:	PARALYSIS:	GENETIC DISORDERS:
STROKE:	TMJ DYSFUNCTION:	PHOBIAS:
EPILEPSY:	ARTHRITIS:	

PLACE AN X BESIDE ANY SYMPTOMS THAT YOU EXPERIENCE:		
HEADACHE FAINTNESS/DIZZINESS TIGHTNESS IN JAW WEAK BODY PARTS SMOKING (#/DAY__) NERVOUSNESS POOR APPETITE EXCESSIVE URINATION GRINDING OF TEETH	HEAVY FEELING IN LIMBS BLURRINESS OF VISION CONSTIPATION LOOSE BOWEL MOVEMENTS IRRITATED BOWEL PAINS IN HEART/CHEST INDIGESTION INSOMNIA FATIGUE	COLD IN HANDS AND FEET LOWER BACK PAIN SHOULDER/NECK PAIN CARPEL TUNNEL SYNDROME MENSTRUAL IRREGULARITIES OTHER: ARE YOU PREGNANT? no

PLACE AN X BESIDE ANY AREAS BELOW THAT YOU WOULD LIKE IMPROVEMENT IN:		
NEGATIVE SELF-TALK, SELF-SABOTAGE BELIEF IN ABILITY TO ACHIEVE GOALS ABILITY TO RELAX ABILITY TO USE DREAMS AS MENTAL TOOL FOR PROBLEM SOLVING ELIMINATE PROCRASTINATION	ABILITY TO REACH IDEAL WEIGHT PERSONAL MAGNETISM STRENGTHEN MEMORY/CONCENTRATION BREAKING OLD HABITS RELEASE NEGATIVE EVENTS ABILITY TO ALIGN BODY/MIND FOR SELF-HEALING	ABILITY TO TAKE ACTION INCREASE LEARNING ABILITY BENEFICIAL, RELATIONSHIPS PROSPERITY (ATTRACT WHAT YOU CHOOSE) ATTITUDE AND SKILLS AT WORK SELF-ESTEEM YOUTHFUL VITALITY

REIKI BY

BELOW, PLEASE DESCRIBE WHAT YOU WOULD LIKE TO ACCOMPLISH WITH THESE TREATMENTS:

REIKI BY

CONSENT FORM

I, _____ (print name) consent to treatment for myself (or my minor child) _____ (print name), and understand that the services provided by the practitioner is intended to enhance relaxation and increase communication within my body.

I understand that these services are not a substitute for medical treatment or medications. I am aware that diagnosis is not given and medication is not prescribed. I agree to continue to have regular medical check-ups as part of my overall health care plan.

I understand that participation is voluntary and that at all times I may choose to end my participation. I understand that I may experience 'healing reactions' during the 24 to 48 hours following the services provided.

I understand that any information exchanged during any session is educational in nature and is to be used at my own discretion. I also understand that any information imparted during these sessions is strictly confidential in nature and will not be shared with anyone without my written permission. I do, however, give the practitioner consent to use my case history and results without using my name. I understand that only the practitioner will have access to information in my file to enhance my healing.

I understand that by providing this informed consent I am assuming full responsibility for my services and I hold harmless both the practitioner and the facility/location where the services are provided.

I agree to the terms and conditions set out by this consent form and certify that the above information is true and correct. I agree to pay for distance sessions, should I request them.

_____ SIGNATURE

_____ WITNESS SIGNATURE

_____ DATE

_____ WITNESS PRINT NAME

REIKI

This is to certify that

_____

Has successfully completed the requirements of this course of study and is therefor certified in:

_____ _____

Date