



LOKAH wellness

Reiki Client Intake Form/Waiver

Name: (Please Print) _____

Phone (Home): _____ Cell phone: _____

Address: _____

City, State, Zip: _____

Email: _____

Date of Birth : _____

Have you ever had a Reiki session before? ____ Yes ____ No If yes, when was your last session? _____

Do you have a particular area of concern or an area you'd like me to focus on? _____

Is it okay for me to use essential oils? _____

Is it okay for me to place my hands on your head, shoulders, abdomen, knees and/or feet? _____

The following Release and Liability Waiver is effective for all visits.

I understand that Reiki is a gentle, hands-on energy technique used for stress reduction and relaxation. I understand that Reiki 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 Reiki does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have.

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 long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

I assume sole responsibility for my own health and for the results of any sessions provided by Courtney Smith of Lokah Wellness LLC that may affect my health in any way. Treatment/s will not replace conventional medical diagnosis or treatment. I will continue taking medication prescribed by a licensed medical physician and will continue to follow his/her instructions. I release Courtney Smith and Lokah Wellness LLC from all legal liability

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during my participation in the Reiki treatment/s. All information received by me from Courtney Smith of Lokah Wellness LLC is accepted with full knowledge that any action taken by me as a result of the information received is my complete responsibility.

Print Name

Signature

Date