

Sunrise Reiki Colorado

Client Information Form

I understand that energy balancing sessions are for stress reduction and relaxation only. I acknowledge that Reiki practitioners do not diagnose or perform medical treatments. I understand that practitioners do not interfere with any treatments of a licensed medical professional. It is recommended that I see my choice of a licensed health care professional for any physical or psychological ailment I may have.

I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. Long-term imbalances in the body may require multiple sessions to assist the body to reach the level of relaxation necessary to bring the body back into balance. I recognize that self-improvement requires commitment on my part and that I must be willing to change in a positive way, if I am to receive the full benefit of an energy balancing session.

I acknowledge my commitment to my self-improvement process.

Signed: _____ Date: _____

Print Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____

How did you hear about us? _____

Session Fee: _____ Payment Method: _____

Reiki can relieve pain Physically, Mentally, Emotionally & Spiritually.
Please list any pain issues you may be experiencing.
