



Treatment Consent Form

Full Name:

Address:

Date of Birth:

Occupation:

Mobile Number:

Home Telephone Number:

Emergency Contact Information:

Current Health (Good, Average, or Poor):

Details of any operations or Major illnesses during last five years:

Current Medications (please list all taken, prescribed or otherwise):

Are you currently receiving any medical treatment? – YES/NO

Do you have any medical devices fitted, or any other implants?

Are you diabetic? – YES/NO. If Yes, when did you last eat?

Please give an estimate of the following by circling the appropriate levels:

Current energy levels:	Excellent	Normal	Below Average	Poor
------------------------	-----------	--------	---------------	------

Your ability to relax:	Excellent	Normal	Below Average	Poor
------------------------	-----------	--------	---------------	------

Do you smoke – Yes/No, if yes, how many per day

Do you drink alcohol – Yes/No, if so, how many units per week

Do you have any allergies, if yes, please state to what and how severely affected

Do you exercise: Daily Weekly Occasionally Never

If you do exercise, what type (gym, running, walking, sport, yoga etc)

Your diet, please describe how you view your current diet

How many hours of sleep do you get on average each night

Do you wake up during the night: Yes/No. If yes, is there a particular time this happens?

Do you give authorisation for your GP to be contacted if it is felt necessary, in the strictest confidence? Yes/No

Please provide the name and address of your GP:

Are you currently receiving any other Alternative or Holistic Therapy?

Have you ever received reiki healing before? Yes/No If yes, when

How do you feel about your life?

What is your goal/aim for today's session?

Please indicate if you are comfortable with the following items being used within your session (They may or may not be used when available):

Crystals	Sage	Healing Music	Instruments (drum, tuning forks, rattles etc)	Candles	Scented misting spray	Essential Oils
Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Can you lie face up and face down? Yes/No. If not, can you sit comfortably in a chair?

Do you consent to Hands On treatment: Yes/No

PLEASE READ THE FOLLOWING CAREFULLY:

I confirm that I have been made aware of the treatment being offered and it has been fully explained to me. I am aware that results may vary and no 'cure' of the presented issues or problems is guaranteed.

I am aware that Reiki is a 'Hands On' treatment and I give my consent for this to take place. I have also been made aware that a 'Hands Off' approach is also available and I have made my therapist aware of which I prefer and signed the form accordingly.

I understand that I will be fully clothed (however, no shoes) during this session and that the practitioner will respect my body and my concerns. I understand that if I have consented to Hands On treatment, the hands placed upon my body are of traditional placement and intuitively placed, there will be no touching of the breasts, buttocks and private regions. I understand that the practitioner will never violate my person and if I feel uncomfortable at any time, I have the right to say so.

I agree that Reiki can complement any medical or psychological care I may receive but is in no way a replacement for professional medical or psychiatric treatment. I am aware that the therapist is not a medical professional and will not attempt to professionally diagnose, treat or prescribe for any conditions; however, I agree that I will seek professional medical advice if advised to do so, for any ailments, mental or physical, I may have, and further Reiki treatments may be withheld until such a time.

I understand that I am receiving reiki healing upon my request and my practitioner is not responsible for any outcomes after the session has been completed.

I 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.

I understand that while the effects of Reiki are safe and can be pleasant, some individuals may experience mild side effects, including fatigue, emotional fluctuations, and physical sensations and my practitioner has provided me with information regarding these and how to manage these symptoms

I understand that confidentiality will be maintained in all but exceptional circumstances and that my details will not be disclosed to any persons unless required by law, or in the event that my therapist considers I am in immediate danger either to others or myself.

X_____ Date_____