

***Anat Phil-Golan***

CLIENT WAIVER FORM REIKI ENERGY CONSENT ACKNOWLEDGMENT

Name

Telephone

Address:

City, State, Zip

Email

Current Medications and dosage

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

How did you hear about me?

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?

I understand that Reiki is a Japanese form of relaxation. A simple, gentle, energy technique that is used for alleviating stress, pain management, stress reduction and deep 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. 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 understand that the practitioner will be remotely sending energy to me for the duration of my Reiki session (s).

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

     Privacy Notice: No information about any client will ever be discussed or shared with any

third party without written consent.