

# Spring Lake Massage Therapy & Wellness Center

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## REIKI CLIENT INFORMATION FORM

Name: \_\_\_\_\_

Phone \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever had a Reiki session before? \_\_\_Yes \_\_\_No

If yes, when was your last session? \_\_\_\_\_

What are your goals for today's session?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you sensitive to perfumes or fragrances? \_\_\_Yes \_\_\_No

Are you sensitive to touch? \_\_\_Yes \_\_\_No

I understand that Reiki is a simple, gentle, hands-on energy technique that is 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.

### Privacy Notice:

No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.

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