

Kid Reiki Client Information Form

Parent or Caregiver: Please print legibly.

Name: _____

Cell Phone/Home Phone: _____

Full Address: _____

Email: _____

Emergency Contact: _____

Full Name of Child: _____

How did you hear about us? _____

Has the child had a Reiki session before? Yes ___ No ___

If yes, when was the last session? _____

The number of previous sessions? _____

Do you have a particular area of concern? _____

Are you or your child sensitive to perfumes or fragrances? Yes ___ No ___

Is your child sensitive to touch? Yes ___ No ___

I understand Reiki is a simple, gentle, hands-on energy technique used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions, prescribe, or perform medical treatment, prescribe substances, or interfere with a licensed professional's treatment. I understand Reiki does not take the place of medical care. It is recommended that I bring my child to a licensed healthcare provider for any physical or psychological ailments my child may have. I also understand that Reiki can complement any medical or psychological care my child receives. I also understand that the body can heal itself, and for this, complete relaxation is often beneficial. I acknowledge that long-term imbalances in my child's body sometimes require multiple sessions to facilitate the level of relaxation needed by the body to heal itself.

Signed: _____ Date: _____

Printed Name: _____

Privacy Notice: No information about any client will be discussed or shared with any third party without the written consent of the parent/guardian or legal care provider.