



REIKI & INTUITIVE ENERGY HEALING INTAKE FORM

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____ Is it ok to contact you via email? Yes: _____ No: _____ Email: _____ Home Phone: _____ Work: _____ Cell: _____ Referred By: _____

Emergency contact & phone# _____ Are you currently/ within the last year been under the care of your Primary Care Dr.? _____ Primary Care Physician: _____ What conditions? _____ Have you ever received Reiki or Energy Healing? Yes _____ No _____

Are you sensitive to fragrances or touch? Yes _____ No _____

Please list any allergies: _____

Personal History Please check any conditions you have now or have had in the past.

- | | | |
|--|--|--|
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Heart Attack / Stroke |
| <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Bursitis | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Allergy to Nut Oils | <input type="checkbox"/> Skin Infections | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Hypo or /Conditions | <input type="checkbox"/> Blood Clots |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Seizure/Epilepsy |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Bleeding conditions | <input type="checkbox"/> Ulcer |

TREATMENT CONSENT FORM

I understand that the Reiki and Energy Healers do not diagnose illness, disease, or mental disorder. Nor do they prescribe medical treatment or pharmaceuticals. It has been made clear that energy healing is not a substitute for medical examination or diagnosis and that it is recommended that I see a MD/ND for any physical or mental ailment. With this in mind I agree that the Reiki and Energy Healers cannot be held liable for any problems that might arise that I think could be attributed to the energy healing session. I have stated all of my known medical conditions to my provider and if necessary I will keep her updated on my physical, mental, and emotional health. I acknowledge that the Reiki and Intuitive Energy Healers at Union Center For Healing practice for the purpose of providing mental/emotional/physical and spiritual support using Intuitive Healing Techniques. I attest that I understand the nature of the treatment and freely elect to receive treatments. I release the providers from any and all claims of malpractice, non-disclosure, or lack of informed consent.

Printed Name _____ Signature _____ Date _____

You may list your goals, concerns, and questions here or wait until your session begins.

LATE CANCELLATION/MISSED APPOINTMENT AGREEMENT

Please provide 24 hours advance notice of any changes or cancellations. Appointments that are missed/rescheduled/cancelled with less than 24 hours notice will be billed **\$77.**

Signature: _____

Date: _____

COMMUNICATION CONSENT

We are required (UCFH and the individual provider) to have your consent to communicate via Email, Fullslate (online scheduling) and Text. At this time the emails, text and Fullslate are not encrypted. We are able to communicate with you by each of these forms but need your consent to do so. If you have sensitive health care information you wish to share through email, contact your provider first so we can send an encrypted message. We also send important updates about the center usually no more than 1-2 times per month.

I consent to communicate by email, text, and Fullslate: Yes _____ No _____

WHAT TO EXPECT

A typical session lasts for one hour and begins with the client lying down on a massage table fully clothed, minus shoes and glasses if the client wears them. Relaxing music is available if the client chooses, but is not required. We make every effort to be sure that each client feels safe and comfortable. Before you session begins, you can discuss any of your thoughts or concerns. You can also choose to talk or ask questions during your session or relax and remain silent, meditate or nap. The provider will work above your body or lightly place their hands on various parts of your body. If you do not wish to be touched please let your provider know. They will feel for places where the energy is stagnant or where the energy is deficient. They may work with the chakras, acupuncture meridian lines or areas that they are drawn to work. You may let your provider know if there is a specific area that you would like addressed.

The provider may feel heat, cold or a tingling sensation in their hands indicating that there is some type of block or stagnation of energy in a particular area. They also receives impressions about an area or areas of a persons life that may be in need of attention. They will usually relay her impressions and what she is feeling with her hands to her client during the session, but sometimes will wait until the end to go over any questions or feelings (both physical and emotional) that come up.