



Distant Reiki Client Intake Form

I understand that Reiki is a stress reduction and relaxation technique. I acknowledge that sessions administered are only for the purpose of helping me relax and to relieve stress. Reiki Practitioners do not diagnose conditions, nor do they prescribe substances, perform medical treatment, or interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or health care professional for any physical or psychological ailment or condition I may have. I also understand the body has the ability to heal itself, and to do so, complete relaxation is often beneficial. I understand long-term imbalances may require multiple sessions. I understand that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefits. I understand that any dispute, including non-contractual disputes or claims, shall be governed by and construed in accordance with the laws of the Province of Quebec and the laws of Canada. I agree that the courts of the Province of Quebec shall have exclusive jurisdiction to settle any dispute or claim.

Please
initial

Client name: _____
 Phone number: _____ Cell: _____
 Address: _____ email: _____
 _____ Birthday: (yy/mm/dd) _____

Have you ever had a Reiki session before? _____
 What do you hope to accomplish with this Reiki session?
 ___Relaxation ___Reduce stress ___Help dealing with pain ___Other (please explain)

Do you have any allergies or medical conditions we should know about? If so, please specify: _____

What are your common areas of pain or tension? _____

List any specific areas you would like the practitioner to concentrate on during the session:

Do you have any concerns related to your session or is there anything else we should know? _____

I understand that during a distant Reiki session, the practitioner will be sending Reiki energy from a distant location and will not be present in the same room with me. I should try to relax during my scheduled time (without distractions) to maximize the potential stress-relief benefits.

Understanding all the above, I hereby voluntarily request and consent to receive distant Reiki from Melanie Ramsum.

Client signature: _____ Date: _____