

Energy Work & Reiki Session Consent Form

I hereby request and consent to Reiki, and/or other forms of energy work treatment by Stormy Henry, a Reiki Practitioner I understand that Reiki & all forms of energy work serves individuals with a wide range of complaints, including both acute and chronic healthcare issues. No guarantees concerning its use and effect are given to me.

Please Initial:

___ I have been advised that if I suspect I may have a medical condition, I should seek help from a qualified medical practitioner.

___ I have been advised that if I take any prescription drugs, I must first consult my GP/consultant before making any alterations.

___ I am over 18 years of age. The information I have given is true to the best of my knowledge, and I have not withheld any relevant information.

___ I understand that all information will be treated in the strictest confidence.

___ The Practitioner has fully explained the Reiki & other forms of treatment and the procedures involved.

___ I understand that at all times, my personal body privacy will be maintained, I am not required to remove any clothing, except my shoes.

___ I confirm that the details given by me to the Practitioner are correct and that if any of the personal information changes, then I accept that I must inform the Practitioner accordingly.

___ I understand that if there is an emergency, a worsening of my health condition, or a new ailment or condition arises, that I should consult a licensed physician.

___ I have had opportunity to ask questions regarding the above, and I am willing to proceed with the treatment.

___ I understand that the fee per session is \$_____

By signing below, I verify that I have read and understood the above statements and agree to them.

Client Name (Printed)

Client Signature

Date

Practitioner Name

Practitioner Signature

Date