

# Reiki with Jotaro

## Client Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

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

Would you like to be included on our mailing list? ☐ yes ☐ no

Have you ever had a Reiki session before? ☐ yes ☐ no

What do you hope to accomplish with this Reiki session?

☐ Relaxation ☐ Stress Reduction ☐ Pain Reduction ☐ More Energy

Other? Please explain. \_\_\_\_\_

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?

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

# *Reiki with Jotaro*

## **Statement of Informed Consent**

By signing this form, I hereby voluntarily request and consent to receiving Reiki services from the Reiki practitioners providing service through Reiki with Jotaro. I understand and acknowledge that no guarantee has been made to me as to the effect of such services. I further understand that in no way are these services meant to be construed by me as the diagnosis or treatment of disease, but rather as an aid to balancing my energy and to possibly improving my general wellness. I have discussed the procedure and understand the information provided to me describing what is Reiki and what I can expect in a session. I understand that I may refuse any and all services at any time during my session and that if I experience any discomfort during the session, I will immediately communicate that to the practitioner. I understand that Reiki is not a substitute for medical treatment or medications and it is recommended that I concurrently work with my doctor or primary caregiver for any condition I may have. I am aware that my Reiki Practitioner does not diagnose illness and does not prescribe medication.

Client signature\*

Date

\*If under the age of eighteen a parent or guardian must sign, and be present during the treatment session.

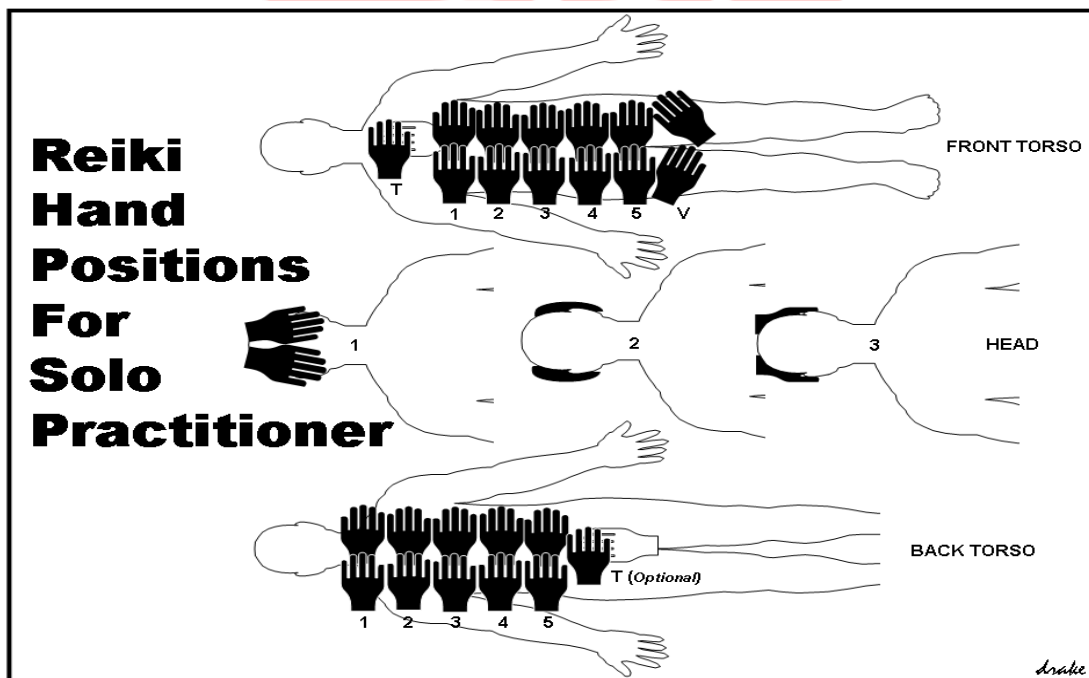
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## Reiki Session Hand Placement Opt-out Form

During the Reiki Session, the practitioner will place their hands lightly upon, or slightly off your body. Your personal comfort is very important during the Reiki session.

Would you prefer a ☐ hands-on OR ☐ hands-off session? ☐ on a table OR ☐ sitting in a chair?

Below is a chart showing the hand placement positions commonly used during a Reiki Session. Please make note of any hand positions that you are uncomfortable with. The practitioner will then know not to use those positions during your session.



Front Torso Positions: T \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ V \_\_\_

Head Positions: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_

Back Torso Positions: 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ T \_\_\_

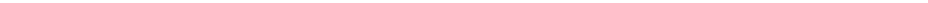
If you have a specific complaint and wish for hand placements not on this chart (such as the legs or feet), please discuss this with the Reiki Practitioner conducting your session.

## Reiki with Jotaro

## Practitioner's Session Notes

Practitioner's Name \_\_\_\_\_

Level of Training \_\_\_\_\_

Length of Session 

Notes on Session \_\_\_\_\_

