

## CONSENT CLIENT FORM

I,

give consent for Reiki treatment by Theresa Potgieter (Seii Reiki) for:

☐

Myself

☐

My minor child, Name:

☐

Another individual, Name:

I confirm I am legally authorized to give consent for this person and that they are either a minor or unable to provide informed consent themselves. I understand that Reiki will not be performed on anyone capable of making their own decisions without their direct consent.

I understand that Reiki is a relaxation and energy-balancing technique and not a substitute for medical care. No diagnosis will be given, and no medication prescribed. I agree to continue with regular medical checkups as part of my overall healthcare.

Participation is voluntary, and I may stop at any time. I understand I may experience temporary healing reactions for 24–48 hours after a session.

All session information is confidential and will not be shared without my written permission. I give consent for my case history and results to be used without using my name and with all personal details kept private, for practitioner learning or case studies.

By signing below, I agree to these terms and take full responsibility for my participation. I also agree to pay for any distance sessions I request.

We at Seii would love to keep you informed about our latest promotions, special offers, and updates. Please indicate how you would prefer to receive these communications:

☐

WhatsApp

☐

Email

☐

I do not wish to receive promotional communications

By ticking your preferred option(s), you consent to receiving promotional messages from Seii via the chosen platform(s). You can opt out at any time by contacting us or using the "unsubscribe" option in our communications.

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DATE

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SIGNATURE