

HOLISTIC HEALING INTERNATIONAL SPIRITUAL SCHOOL

ISO Certified: 9001:2015
ACCREDITED TRAINING PROVIDER

Reg. No.....

Date.....

Client Information Form

❖ Personal

Name:

Date of Birth.....

Gender.....

Father's Name:

Mother's Name:

Spouse:

Children:

Occupation.....

Address:

State.....

Pin Code.....

Contact No.

Email:

Emergency Contact:.....

❖ Medical

Are you currently under the care of a physician? (Yes/No)

If yes, physician's name:

Current Medications and dosage:

Do you have a particular area of concern?

Are you sensitive to perfumes or fragrances?

Are you sensitive to touch?

How did you hear about us?

Have you ever had a Reiki session before? (Yes/No)

If yes, when was your last session?

Number of previous sessions

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so complete relaxation is often beneficial. I acknowledge that long-term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Signed: _____

Date: _____

Privacy Notice: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.



For Office Use Only

Reiki Documentation Form

Client Name: Date:

Reason for Session

Relaxation and Stress Reduction

Specific Issue:

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Physical Emotional

Mental/Spiritual

Changes since last session

Observation / Scan before Reiki Session:

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Observation / Scan after Reiki Session:

.....

Post Session Notes.....

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Length / Type of Session:

FEE DETAILS:

COURSE:

PACKAGE:

THEREAPY

SESSION PLANNER

PRACTICIONER NAME

TYPE OF SESSIONS

FOLLOW UP

Authorized Signatory

Annexures



Annexures

