



scottsville
counseling center

Scottsville Counseling Center
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Reiki Client Information and Consent Form

Client Information:

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Occupation: _____

Emergency Point of Contact (Name & Phone): _____

Health History:

Are you currently under the care of a physician?

Y: _____ N: _____ If yes, physicians name and number: _____

Do you have any health conditions we should be aware of? _____

Reiki History and Details:

Have you had a Reiki session before? Y: _____ N: _____

If yes, when was your last session? _____

Number of previous sessions _____

Do you have a particular area of concern? _____

Are you sensitive to perfumes or fragrances? _____

Are you sensitive to touch? _____

About Reiki and Consent:

Reiki is a simple, gentle, hand-on energy technique that is used for stress reduction and relaxations. Participants remain fully clothed, and practitioners may set their hands on various parts of the body during session. At our facility, the practitioner will not actually touch the participant but rather will hold their hands above various energy centers along the body.

Reiki can complement any medical or psychological treatment, but it does not take the place of medical care. It is recommended that participants also consult with licensed professionals for any physical or psychological ailments.

Nevertheless, the body does have the ability to heal itself, and that ability is supported by deep relaxation. Reiki encourages this type of healing relaxation. For long-term imbalances in the body, multiple sessions may be required to facilitate the level of relaxation needed by the body to heal.

Reiki is generally regarded as safe and to have no negative side effects. However, participants may occasionally experience sensations of the energy shifting in the body, dizziness, emotional surges, dreams, fatigue. Feedback and questions are welcome at any point in session and during the treatment process.

Name (printed): _____ Date: _____

Signature: _____

Scottsville Counseling Center and Wellness Studio Financial & Late Cancel/No Show/Late Arrival Policy

Updated: October 12, 2025

Rate Changes: The practice may periodically raise rates to reflect inflation and increased overhead costs while also following market rates for our practitioner credentials and experience level. This supports our commitment to a consistent quality level of care. When a rate change is anticipated, 90 days' notice will be provided to all existing clients, and your service provider will be available to explore what options are available to you should you have concerns with the rate change as we prioritize your care. If the rate change does not affect new clients, no 90 day notice is required; however, if a new rate is established for new clients only, current clients will be moved to the new rate if they graduate, no show, and/or pause at any time and wish to reschedule in the future.

Cancellations: Since the scheduling of an appointment involves the reservation of time set aside especially for you, a minimum of 24 hours' notice is required for rescheduling or cancellation of an appointment. For weekend appointments, cancellation is required by 10:00am central on Friday. If a session is canceled less than 24 hours, or you fail to show for your appointment, the full fee of \$60.00 will be charged. For example, if your appointment is at 2:00pm on a Tuesday, you must cancel by 2pm on Monday. If you cancel at 2:05pm on Monday for 2:00pm on Tuesday, you will be charged the full session fee. If you contact your therapist less than 24 hours to cancel your scheduled date/time and request to reserve a new date/time, this is considered two separate sessions, and a late cancellation fee will be applied for the cancelled session first.

For appointments scheduled on Sunday, sessions must be cancelled by 10:00am central on the Friday prior to the appointment. This ensures our practitioners have time to fill vacant appointment slots and prepare for the clients they will be seeing on Sundays, particularly as our team of practitioners who work on Sundays are out of the office on Friday and Saturday, and we are one of the only ones in the state that offer Sunday appointments.

We understand emergencies can happen, and if your late cancel is due to a serious, communicable illness, car accident, death in the immediate family, natural disaster, or other critical emergency, your late cancellation will be waived as critical emergencies are waived a late cancel fee once every 3 months.

If you are running late for your appointment, please contact your practitioner. While we cannot add time to the appointment, if your practitioner is available to meet with you for the remainder of the session, we will seek to honor whatever time is left to support your continued work in your journey. A valid credit/debit will be kept on file to assist in preventing missed sessions that are unable to be filled by other clients.

****Please note:** if you late cancel and/or no show, and you do not have funds at time of charge, your account will be noted by issuing an invoice, and you will be unable to reschedule until your fee is paid.

The office accepts cash and credit/debit cards.

My signature validates my consent to receive treatment with the Scottsville Counseling Center Wellness Studio, and I acknowledge being informed of office policies and procedures.

Options	1-hour session fee	90-minute session fee
Standard Reiki Rate	\$60 plus KY sales tax	\$85 plus KY sales tax

Credit/Debit Card to keep on file for phone sessions, payment use, and potential no shows is:

Card # _____ Expiration: _____ CVV#: _____

Card billing zip code: _____ Name on the card: _____

Preferred Email address/cell number for receipt: _____

By signing below, I recognize that I have read and understand the expectation for my financial commitment.

Signed: _____ Date: _____

Service Provider Signature: _____ Date: _____



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Payment: _____
Cash Check Credit
Next Appt: ____/____/____
____: ____ am pm

**Wellness Studio
Reiki Documentation Form**

Client Name: _____ **Date:** _____

Reason for Session:

___ Relaxation and Stress Reduction

___ Specific Issue:

Physical: _____

Emotional: _____

Mental/Spiritual: _____

Changes Since Last Session: _____

Observation/Scan before Reiki Session: _____

Observation/Scan after Reiki Session: _____

Post Session Notes: _____

Length/Type of Session: _____

Follow up Planned or Recommended: _____

Practitioner Signature: _____ **Date:** _____