Graphical user interface

Description automatically generated

**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?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 Wellness Studio  
Financial & Late Cancel/No Show/Late Arrival Policy**Updated: March 5th, 2023

**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 example, if your appointment is at 2pm on a Tuesday, you must cancel by 2pm on Monday. If you cancel at 2:05pm on Monday for a 2pm on Tuesday, you will be charged fees as listed below. If you contact your service provider 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.

If you will be running late to your appointment, please contact your therapist. While we cannot add time to the appointment, if your service provider 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. To ensure prompt payments can be made, we require a valid credit/debit card 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, 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 |
| Standard Reiki Rate | $60 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*



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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emotional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mental/Spiritual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Changes Since Last Session:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Observation/Scan before Reiki Session:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Observation/Scan after Reiki Session:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Post Session Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Length/Type of Session:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Follow up Planned or Recommended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Practitioner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**