

Get Balanced



Reiki Practitioner Janis Marchese

Reiki Client Information

Name: (Please Print) _____

DOB: _____ Age: _____

Address: _____

City, State, Zip: _____

Phone/Cell: _____

Email (Optional): _____

Emergency Contact Number: _____

Name: _____

Relationship: _____

How did you hear about *Get Balanced*? _____

Have you ever had a Reiki Session before? _____

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? _____

Client Waiver Form

I, the undersigned 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 agree to keep the practitioner updated as to any changes in my medical profile and understand that there will be no liability on the practitioner's part should I fail to do so. I understand and agree that such treatment will cure or heal any medical condition or ailment, physical or emotional.

Client Signature: _____ Date: _____

A legal guardian or parent must accompany a client under 18 years of age.

Legal Guardian: _____ Date: _____