

# WWW.RADIANTREIKI.NET

radiantreiki@virginmedia.com  
07305 103863

## CONSULTATION FORM

Please complete the following information as comprehensively as possible. All information is kept confidential and will only be discussed with yourself and your GP where necessary.

|   |  |
|---|--|
| Date:   |  |
| Full Name:  |  |
| Known As:   |  |
| Gender:   |  |
| Date of Birth:  |  |
| Address:  |  |
| Home Telephone Number:  |  |
| Mobile Telephone Number:  |  |
| Email Address:  |  |
| Occupation:   |  |
| Name of Emergency Contact:  |  |
| Your Relationship to Emergency Contact:   |  |
| Contact Telephone Number for Emergency Contact:   |  |
| GP Name:  |  |
| GP Address:   |  |
| GP Telephone Number:  |  |
| Please tick the box if you would like to be added to my Newsletter e-mail list <input type="checkbox"/> |  |

## **Medical Information:**

Do you have any medical conditions that make you feel unwell very quickly (e.g. Allergic Reactions – anaphylactic shock. If so how would you need me to respond:

Are you receiving any medical treatment? If so, please explain:

Are you currently taking any medication? If so, please list here with details of what medication you are taking and what this is treating:

Do you have a disability? If so, please detail and indicate where assistance may be needed:

Please give an indication of lifestyle and stress levels (i.e. how much water you drink per day, how much sleep you get, exercise etc):

What has brought you to Reiki?:

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How did you hear about Radiant Reiki?

Are you pregnant/is there a possibility you may be pregnant?

Do you suffer with any hormonal conditions?

Are you menopausal or peri-menopausal?

Please feel free to write any other information that you would like me to know (continue overleaf if needed):

- I, the undersigned have given accurate information regarding past and present medical history/general health and well-being. I will not hold the therapist responsible for any errors or omissions that I have made in the completion of this form.
- The practitioner has fully explained the treatment and the procedures involved.
- I accept the fee payable and note that 28 hours notice is required for cancellation of an appointment otherwise a cancellation fee will be charged.
- I understand that the Reiki treatment involves light physical touch with no need to remove clothing. Respect for personal body privacy will be maintained at all times.
- The practitioner reserves the right to refuse or postpone treatment if he/she feels physically unsafe, disrespected, or abused.
- I give permission for myself/my child to have this therapy and understand that all information discussed in this treatment is confidential. This therapy is designed to be a health aid and it is not my wish to replace your GP treatment, but to work alongside them. If any circumstances were to change, I would inform you as soon as possible.

I have read the above and am willing to proceed with the treatment.

**Client Signature:**

**Date:**