EQUINE REIKI with Lara

REIKI CONSULTATION FORM

CLIENT NOTE: The following information is required for your safety and to benefit your health. Whilst Reiki is a very safe treatment, there are certain contra-indications that may require special attention. The following information will be treated in the strictest confidence and it may be necessary for you to consult your GP before treatment can be given.

NAME: **PHONE:**

EMAIL:

ADDRESS:

OCCUPATION:

MEDICAL Do you suffer from or have you ever suffered from any of the following:

- Thrombosis
- High or Low Blood Pressure
- Recent Operation
- Recent Head or Neck Injury
- Any dysfunction of the Nervous System
- Spastic Condition
- Epilepsy
- Diabetes
- Recent Haemorrhage
- Migraine
- Skin Disorder or Infection
- Scalp Infection
- Cancer
- Are you currently under the influence of alcohol or drugs?

Is GP Referral Required: **YES/ NO**
Name of GP: **Surgery:**

Address: **Phone:**

Current Medication:

Is your general health: **GOOD AVERAGE POOR (Please Circle)**

LIFESTYLE

Stress Levels (on a scale of 0 minimal-10 extreme) 0 1 2 3 4 5 6 7 8 9 10 (please circle one)

Energy Levels (on a scale of 0 minimal-10 extreme) 0 1 2 3 4 5 6 7 8 9 10 (please circle one)

Do you find time for relaxation and hobbies? YES / NO

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DISCLAIMER & DECLARATION

I confirm that I have understood the treatment that I am to receive and confirm that I am willing to proceed without confirmation from my GP or Consultant. I understand that the Reiki Practitioner will be placing hands on me during the Reiki session and I agree for that to happen.

I hereby indemnify the Reiki Student / Reiki Practitioner against any adverse reaction sustained as a result of the treatment. I declare that the information I have given is correct and as far as I am aware I can undertake treatments without any adverse effects. I have been fully informed about client contra-indications and therefore am willing to proceed with treatment.

Client Signature: **Date:**