

Client Information Form

I understand that Reiki is a stress reduction and relaxation technique. I acknowledge that treatments administered are only for the purpose of helping me relax and to relieve stress. Reiki practitioners do not diagnose conditions, nor do they prescribe or perform medical treatments, nor prescribe substances, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or licensed health care professional for any physical or psychological ailment I may have.

I also understand and believe that the body has the ability to heal itself, and to do so complete relaxation is often beneficial. Long term imbalances in the body sometimes require multiple treatments to allow the body to reach the level of relaxation necessary to bring the system back into balance. I understand and believe that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of a Reiki treatment.

I acknowledge my commitment to my self-improvement process. I recognize that a Reiki treatment program must be followed to be truly effective, just as prescribed medication is only effective if taken as directed.

Signed: _____ Print Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Are you receiving any other treatments or taking any medications at this time?

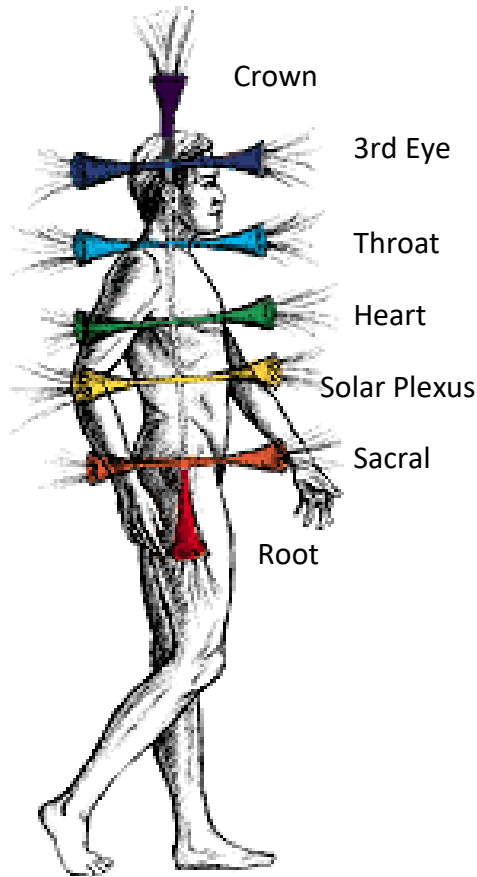
Medication or treatment type	Dosage or Frequency	When did you start
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments/History:

Reiki Treatment Form

Client Name: _____

Date: ____/____/____ Treatment Start time: ____:____ End Time: ____:____



- Crown: Pineal, awareness, organ brain
Excessive characteristic: confusion, dissociation
Deficient characteristic: learning difficulty, limited beliefs
- 3rd eye: pituitary, intuition, organ 5 senses, sinuses
Excessive characteristic: headaches, nightmares, difficulty concentrating
Deficient characteristic: poor memory, poor vision, denial
- Throat: thyroid, communication, organ trachea (vocal cords)
Excessive characteristic: talking, cant listen, stuttering
Deficient characteristic: fear of speaking, poor rhythm
- Heart: thymus, love relationships, organ heart, lungs, breasts
Excessive characteristics: poor boundaries, possessive, jealous
Deficient characteristic: shy, lonely, isolated, bitter, critical
- Solar plexus: pancreas, will power, organ liver, gall bladder, spleen, stomach, small intestines
Excessive characteristics: dominating, blaming, aggressive, constantly active
Deficient characteristic: weak will, poor self esteem, passive, sluggish, fearful
- Sacral: gonads, ovaries, sexuality, emotions, desire, organ kidneys, bladder, reproductive organs
Excessive characteristics: overly emotional, poor boundaries, sex addiction
Deficient characteristics: frigidity, emotional numbness, fear of pleasure
- Root: adrenals, base of spine, survival, organ large intestine, rectum, hips, thighs
Excessive characteristics: obesity, sluggish, monotony, heaviness, greed
Deficient characteristics: fear, lack of discipline, restless, under weight, spacey

Has there been any change in the client's condition, medications or dosages, (recommended by Dr.) other treatment programs, or environment, etc, that should be noted: _____

Today's Treatment Notes:

Indicate the reason client has come to you and the areas where blockage and / or releases were felt.

Therapist Signature: _____ Date: _____

Chakra Information Form

Client: _____ Date: ___/___/___

Check for switching: Yes / No

Check for Chakra Strength

- | | |
|-------------------------------|----------------------|
| 1. Root (red) Yang | strong - okay - weak |
| 2. Sacral (orange) Yang | strong - okay - weak |
| 3. Solar Plexus (yellow) Yang | strong - okay - weak |
| 4. Heart (green) Yang/Yin | strong - okay - weak |
| 5. Throat (blue) Yin | strong - okay - weak |
| 6. Brow (indigo) Yin | strong - okay - weak |
| 7. Crown (violet) Yin | strong - okay - weak |

Checking for Color

Client holds chakra say color of chakra. A strong response is the color you want to use.

- | | |
|--------------------------|----------------------|
| 1. Root (red) | strong - okay - weak |
| 2. Sacral (orange) | strong - okay - weak |
| 3. Solar Plexus (yellow) | strong - okay - weak |
| 4. Heart (green) | strong - okay - weak |
| 5. Throat (blue) | strong - okay - weak |
| 6. Brow (indigo) | strong - okay - weak |
| 7. Crown (violet) | strong - okay - weak |

