Reiki Documentation Form

Reason for Session

____ Relaxation and Stress Reduction ____ Specific Issue Physical _____ Mental/Spiritual _____ Changes since last session: Observation / Scan before Reiki Session:_____ Observation / Scan after Reiki Session: **Post Session Notes:** Length / Type of Session: Follow up Planned: Client / Student Name: _____ Client / Student Signature: Date of Session Performance: Practitioner Signature:

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CLIENT/STUDENT AGREEMENT

I 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 understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself. I am acknowledging that I am a current student with Master teacher and practitioner Marisol Starr Garner and my participation will be only for educational and practical use during my study course and I do not hold harmful in any way my teacher or her practice "My Healing Hands Massage" or any business tied to this study course or hold responsible for any illness during or after my participation.

Signed: _			
Date:			

Privacy Notice:

No information about any client/student will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.

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