

Reiki Client Information Form

Name: (Please Print) _____
Phone (home): _____ Cell phone or evening: _____
Address: _____
City, State, Zip: _____
Email (optional): _____
Emergency Contact: _____
Current Medications and dosage: _____

Are you currently under the care of a physician? ___ Yes ___ No

If yes, physician's name: _____

How did you hear about us? _____

Have you ever had a Reiki session before? ___ Yes ___ No

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? _____

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.

Signed: _____ Date: _____

Privacy Notice:

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

Release of Liability

In exchange for participation in the activity of Reiki and any other services provided by Leslie Lee and use of the property and facilities at Bamboo Field Acupuncture & Herb, PLLC, doing business as Bamboo Field NAET & Acupuncture, at 1110 W. William Cannon Drive, Suite 403, Austin, TX 78745, and owned by Sakura Marina LLC, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to use the facility with respect and care. I observe and obey all written rules and warnings, and further agree to follow any oral instructions or directions given by Leslie Lee or the employees of Bamboo Field NAET & Acupuncture.
2. I recognize when using the facility, I take full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Bamboo Field NAET & Acupuncture and Sakura Marina LLC for any injury, loss of damage arising out of my or my family's use of the premises whether caused by the fault of myself, my family, Bamboo Field NAET & Acupuncture or Sakura Marina LLC owners and employees or any other third parties.
3. I agree to indemnify and defend Bamboo Field NAET & Acupuncture and Sakura Marina LLC, their owners and employees, against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Bamboo Field NAET & Acupuncture and Sakura Marina LLC.
4. I agree to pay for all damages to the facilities and property of Bamboo Field NAET & Acupuncture and Sakura Marina LLC caused by my or my family's negligent, reckless or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Texas law.

I HAVE READ THIS DOMUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARY SURRENDER CERTAIN LEGAL RIGHTS.

Date: _____

Name: _____

Signature: _____

Address, City, State, Zip:
