

**Reiki Center of Greater Washington
214 North Adams Street #2
Rockville, MD 20850**

Client Name: _____

Birthdate: _____

Client Address:

Client Telephone: _____ Client Email: _____

Please describe below any medical, psychological, or spiritual conditions you have experienced and the years they happened (or your age at that time):

Surgeries?

Chronic Illnesses?

Psychological Treatments?

Addictions?

Other? (Take as much room as you need on the back of this form).

Please let us know of any current conditions that are being treated by another health practitioner. Also list any drugs that you may be taking and the condition they are treating.

The Usui Method of Reiki Healing, Integrated Energy Therapy®, Karuna Reiki®, Sekhem-Seichim-Reiki, Shamanic work using guided imagery and Crystal Healing can be used as an aid for clients in manifesting health and wellness for themselves. We make no representations about the ability to cure any illnesses or ameliorate any psychological conditions. Reiki or Crystal energies may cause changes in the body called healing crises that can make acute conditions feel worse in the first few days after a session. They can also cause a change in the need for prescribed medication. Any adjustments to an existing treatment regimen should be dealt with by the prescribing practitioner.

I understand the above and wish to engage in a Reiki Session at the Reiki Center of Greater Washington

_____ Date _____