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**Peace of Mind Reiki Healing**

**Reiki Client Information Sheet**

21 W Christmas Blvd

Santa Claus, IN 47579

Amanda Koch, Reiki Practitioner/Aromatherapist

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Profession:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact / phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever experienced Reiki or Aromatherapy before?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the purpose of today’s session? ( )relaxation ( )stress reduction ( )pain ( ) other explain

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Are you pregnant \_\_\_\_\_\_\_\_\_\_\_\_\_Sensitive to fragrances \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you sensitive to touch or pressure anywhere?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR REIKI ONLY

If you prefer to receive Reiki without physical touch please sign below and let the practitioner know verbally. The effects of the energy are the same.

**Session Consent Statement:**

I, the undersigned, understand that the Reiki/Aromatherapy session and/or other services given is for the purpose of stress reduction and relaxation. I understand very clearly that a Reiki/Aromatherapy session is not a substitute for medical or psychological diagnosis or treatment. Reiki practitioners/Aromatherapist do not diagnose conditions, prescribe or perform medical treatment, or 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 have. I also understand that Reiki is a form of non-invasive and non-manipulative touch. If I am uncomfortable in any way during my session I have the right to question my practitioner and/or request that the session be terminated. If I experience any pain or discomfort during the session, I will immediately inform my practitioner so that the pressure and/or touch may be adjusted to my level of comfort. Any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I understand that comfortable clothing is required to wear at all times during my Reiki session. I affirm that I have stated all known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are you having trouble with your physical health be it because of sickness, unhealthy habits or accident?

2. Are you having a hard time making ends meet/ paying the bills?

3. Is fear a limitation? Is acceptance hard?

4. Is it hard to maintain a disciplined routine?

5. Do you have trouble focusing and concentrating?

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1. Do you enjoy physical health? Good eating habits?

2. Do you feel grounded and find stillness easily?

3. Do you enjoy a close, trusting and loving relationship with your siblings?

4. Do you enjoy spending time outdoors and in nature? Do you take time out of your busy schedule to be in nature?

5. Do you enjoy prosperity?

s

1. Do you encourage and respect healthy boundaries in your relationships?
2. Do you find yourself over indulging into drinking, drugs, avoiding responsibilities, sexually acting out or over eating?
3. Do you find yourself frequently overwhelmed by your emotions? As a result avoiding emotions or reacting solely on them?

4. Do you enjoy a healthy sexuality? Is there pain/shame or guilt that come into play with sex?

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1. Do you enjoy and take time off to find space for pleasure and joy?
2. Do you stay in touch with your feelings?
3. Do you feel comfortable and safe releasing and expressing your emotions?
4. Do you have a clear sense of what drives or moves you?
5. Is creativity a part of your life?

sp

1. Do you find yourself hunching often? Do others remind you to stand up straight?
2. Do you wake up feeling sluggish?
3. Do you find yourself at times having outbursts of anger or engaging in passive-aggressive behavior?
4. Would you describe yourself as “reactive”
5. Was authority something to be feared when you were growing up?

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1. Do you enjoy a healthy self-esteem?
2. Do you honor the power within you?
3. Do you feel joyful and enthusiastic about life?
4. Would you describe yourself as “proactive”?
5. Would you describe yourself as confident, playful and able to meet challenges?

h

1. Do you find yourself emotionally cold, withdrawn or overly judgmental?
2. Do you feel lonely, experience a fear of intimacy or relationships?
3. Do you feel codependent or jealous in your relationships?
4. Have you experienced any type of abandonment in your childhood?

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1. Do you feel compassionate and empathetic towards others?
2. Do you engage in altruistic activities?
3. Do you love and honor yourself?
4. Do you realize you are worthy of love?
5. Do you enjoy a healthy balance and boundaries in your relationships?

t

1. Do you experience a difficulty of putting feelings into words?
2. Did you grow up having to keep secrets?
3. Have you been a victim of gossip and lies?
4. Is it hard for you not to interrupt?
5. How good are your listening skills?

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1. Do you enjoy a good sense of timing and rhythm?
2. Do you live and express yourself creatively?
3. Are you able to clearly communicate what you want and need?
4. Are you able to speak and live your truth?
5. Do you keep your intentions clear?

te

1. Are you having trouble keeping an open mind?
2. Are you having a hard time recalling your dreams or remembering things?
3. Do you have a hard time visualizing?
4. Are you having frequent headaches?
5. Any issues around denial?

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1. Do you enjoy a rich imagination?
2. Do you consider yourself as perceptive?
3. Are you good at recognizing patterns?
4. Do you listen to your intuition or gut feeling?
5. Do you recall your dreams frequently?

c

1. Do you experience spiritual cynicism, forced religion or a rigid belief system?
2. Do you have a hard time questioning what you are given as “truth” or “fact”?
3. Do you value your body’s wisdom as much as your intelligence or your mind?
4. Do you suffer from migraines?
5. Do you get easily attached to people or material things?

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1. Are you flexible and open-minded?
2. Do you stimulate your curiosity?
3. Do you practice awareness?
4. Do you practice meditation?
5. Do you feel connected, spiritually or with a higher power or God?
6. Do you practice self-reflection?