

Reiki

ABOUT THE CLIENT			DATE ____/____/____
Name: _____			
LAST	FIRST	MI	
Date of Birth: ____ / ____ / ____	Age: ____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address: _____	City: _____	State: _____	Zip: _____
Home Phone: (____) ____ - ____	Work Phone: (____) ____ - ____	Cell Phone: (____) ____ - ____	
Email: _____	Would you like to receive our newsletter/promotions? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Occupation: _____	Employer: _____	Type of Work: _____	
Emergency Contact: _____	Emergency Contact Phone:(____) ____ - ____	Relation: _____	

Whom may we thank for referring you? _____ How did you hear about us? _____

Are you Currently seeking any Medical Treatment? Y / N

Yes – please explain: _____

Any major and/or pertinent current or previous injuries or surgeries? Y / N

Yes – please explain: _____

Are you currently seeing a Chiropractor and or Massage Therapist? Y / N

Yes – please explain: _____

Anything areas you would like specifically addressed?

Physical / Mental-Emotional / Spiritual / Other?

Yes – please explain: _____

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 and or prescribe or perform any medical treatment. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I also understand that in order to heal Reiki can compliment chiropractic care and massage therapy and is often best used in conjunction.

Missed, Cancelled and or Rescheduled Appointment policy

As per our RAK Policy:

*We here at RAK Chiropractic ask that if there is a sudden change in your schedule that you please let us know **at least 24 hours in advance.***

*If prior notice is **not given** you may be charged **\$full fees** as your cancellation fee and or a missed appointment fee*

Each appointment is customized specially for the client.

We are 100% committed to you, and we expect your commitment in return.

Client (or Guardian) Signature: _____

Date: ____ / ____ / ____