



CLIENT INFORMATION FORM

Name: (Please Print) _____ Date: _____

Phone: _____ Is This Cell Phone: ___ Yes ___ No Is Text Ok: ___ Yes ___ No

Address: _____

Email: _____

How did you hear about my services? _____

Have you had previous treatment (Intuitive Reading, Therapy, Reiki, other healing modalities)? ___ Yes ___ No

If Yes, what type, when and how many sessions? _____

Are you sensitive to perfumes or fragrances? _____

Are you sensitive to touch? _____

Do you have a particular area of concern; physical and/or emotional? _____

What is your goal for today's session: _____

Please check the box if you are comfortable with me using any of these tools during your session:

- Essential Oils
- Tibetan Symbols
- Crystals

Emergency Contact (name, relationship, phone#) : _____

Do you have any additional comments or questions before we begin your session? _____

I understand all psychic readings and consultations are intended to offer an insight into a person's personal life and meant for entertainment purpose only. These readings do not in any way, constitute legal, financial, or professional advice. By engaging in a reading, you understand that psychics do not diagnose illnesses, including questions pertaining to pregnancy and death. We will not be liable for the death or personal injury resulting from the negligence on our behalf, or for fraudulent misrepresentation. Since references to the future and outcomes are based on potentials, possibilities, and probabilities at the time of the reading based on your actions and other people's actions or inactions and due to interpretation as to what was said at the time of the reading, you understand that there is no guarantee on the accuracy rate of a reading, session, or consultation and it is not fortune-telling. We or anyone involved with the provision of these services shall not be liable for any damages arising from the inability to use the services or from errors caused by negligence or otherwise. We are not liable for delays in providing information or carrying out our obligations due to factors beyond our control. When you sign up for any reading, you agree that you are using the service at your own risk.

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: Everything discussed in a session with me is confidential. 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.