

CLIENT INFORMATION - THERAPIES FORM

Massage, Reiki, Crystal, Shamanic & Sound Healing

HOLISTIC J – Jason Wakefield



Name: (Please print) _____

Reason for visit and expectations for today's session _____

If you have had a previous session and the information requested below has not changed please sign here to confirm _____ and then skip to the instructions and disclaimer sections below.

Best contact number: _____ Email: _____

Date of Birth ____/____/____ Gender: _____ Occupation: _____

Address: _____ Post Code: _____

Next of Kin/Emergency Contact Name and Number : _____

Any short/long term conditions or illnesses: _____

Any previous accidents, injuries, illnesses infections, skin conditions or operations: _____

Any recent pain or health concerns: _____

Current Treatments, Medications and Dosage: _____

If currently under the care of a physician/GP, what is their name and type of care? _____

Do you have a pacemaker, are pregnant, epileptic or diabetic? - Please specify: _____

Any concerns regarding sleep, diet, exercise, energy, libido or ability to relax etc: _____

Number of vape/tobacco associated products a day _____ Number of alcoholic units consumed a week _____

How did you hear about us? _____

Have you had a Massage before? __ Yes __ No When? _____ No of previous sessions _____

Have you had Reiki Healing before? __ Yes __ No When? _____ No of previous sessions _____

Have you had Crystal Healing before? __ Yes __ No When? _____ No of previous sessions _____

Have you had Shamanic Healing before? __ Yes __ No When? _____ No of previous sessions _____

Have you had Sound Healing before? __ Yes __ No When? _____ No of previous sessions _____

If you are currently receiving treatment from any other therapist please specify? _____

Do you have any areas of your body that are sensitive, weak, tense, sore or vulnerable? _____

Are you sensitive to anything, for example touch/sound/crystals/fragrances/essential oils/allergies? _____

If you would like to provide details of any physical fitness, hobbies, interests or emotional/mental/physical/spiritual wellbeing practices that relates to this treatment please comment here _____

Are there any essential oils or fragrances you would prefer during the treatment _____

If you are studying a REIKI course please confirm which level you are studying _____ 1 _____ 2 _____ 3

If you also want to be attuned to REIKI, please confirm you have read and understand the attunement process and information provided, and that you also give consent to the attunements? _____ Yes _____ No

Please also confirm if you want to be attuned to REIKI remotely or in person _____ Remotely _____ In person

INSTRUCTIONS

INSTRUCTIONS FOR TREATMENT – Please remove any jewellery, tight clothing, belts, shoes etc and then lay down or sit in a comfortable relaxed position with your eyes closed. Please let your therapist know if you are too hot or too cold before the treatment begins. Also feel free to discuss any concerns or questions you may have beforehand.

WHAT TO EXPECT - During the session you may sense the therapist's hands moving and feel sensations of hot and cold. Please share any experiences as they occur rather than waiting until the end of the session, as this is valuable feedback and you may forget at the end. You may experience physical sensations, such as twitches, involuntary movements, rumbling stomach, feeling sleepy or tired, itchiness, sensations of hot and cold, pins and needles. You may also experience emotions, thoughts, memories, see colours, images and symbols. Or you may not experience anything and just feel relaxed.

INSTRUCTIONS FOR AFTERCARE – Drink plenty of water and you will probably pass water more often, as toxins leave the body. Sometimes symptoms may get worse before getting better. This is normal as part of the body rebalancing or the healing process. Feel free to contact your therapist if you have any concerns. If there are any specific medical issues always contact your GP or medical licensed physician/healthcare professional.

DISCLAIMER

I understand that Massage is a form of bodywork/hands on treatment to relax and relieve tension, tiredness or pain, from muscles, joints and the body. Reiki/Shamanic Healing is a simple, gentle, hands-on or distant energy healing technique that is used to balance the chakras, aid relaxation and reduce stress. Sound & Crystal Healing are similar to Reiki, but instead of energy from the therapist's hands, sound and crystals are used to facilitate the healing. I understand that Massage/Reiki/Shamanic/Sound/Crystal Healing practitioners do not diagnose conditions, nor do they prescribe/perform medical treatment, prescribe substances/medication, nor interfere with the treatment of a licensed medical professional. I understand that Reiki/Shamanic/Sound/Crystal Healing does not take the place of medical care. It is recommended that I see a GP or licensed physician/healthcare professional for any physical/psychological ailment I may have, and continue taking any medication they prescribe, until they advise otherwise. I understand that Massage/Reiki/Shamanic/Sound/Crystal Healing and any recommendations provided can complement any medical/psychological care I may be receiving. I also understand that the body has the natural 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 to facilitate the level of relaxation needed by the body to heal itself, and a gap of 1 week is recommended between each session. I confirm that details of the treatment being offered have been fully explained. I consent to the treatment and I agree to inform the practitioner if there any changes to my health or medication whilst receiving treatment. I confirm that the information I have provided above is accurate to the best of my knowledge.

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.