**CLIENT INFORMATION FORM**

**Reiki, Crystal Therapy & Sound Healing**

HOLISTIC J – Jason Wakefield



Name: (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for visit and expectations for todays 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, 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 Reiki Healing before? \_\_Yes \_\_No When? \_\_\_\_\_\_\_\_\_\_ No of previous sessions \_\_\_\_

Have you had Crystal Therapy before? \_\_Yes \_\_No When? \_\_\_\_\_\_\_\_\_\_ No of previous sessions \_\_\_\_

Have you had Sound Therapy 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 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 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. Feel free to discuss any concerns or questions you may have before we start.

**WHAT TO EXPECT** -During the session you may sense the therapists 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, past life flashes and see colours, images and symbols. **The session will begin and end with the chiming of a singing bowl and hands placed on your shoulders to connect with your energy.**

**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 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 Reiki is a simple, gentle, hands-on energy healing technique that is used to balance the chakras, aid relaxation and reduce stress. Sound Healing & Crystal Therapy are similar, but instead of energy from the therapist’s hands, sound and crystals are used to facilitate the healing. I understand that Reiki/Sound Healing/Crystal Therapy 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/Sound Healing/Crystal Therapy 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 aliment I may have, and continue taking any medication they prescribe, until they advise otherwise. I understand that Reiki/Sound Healing/Crystal Therapy 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.