



## Serenity Fit Spa

### CLIENT WAIVER FORM REIKI ENERGY CONSENT ACKNOWLEDGMENT

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Current Medications and dosage \_\_\_\_\_

Are you currently under the care of a physician? Yes \_\_\_ No \_\_\_

How did you hear about me? \_\_\_\_\_

Have you ever had a Reiki session before? Yes \_\_\_ No \_\_\_

If yes, when was your last session? \_\_\_\_\_

Do you have an area of concern?

\_\_\_\_\_  
\_\_\_\_\_

I understand that Reiki is a Japanese form of relaxation. A simple, gentle, energy technique that is used for alleviating stress, pain management, stress reduction and deep 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. 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 can 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. I understand that the practitioner will be sending energy to me with light touch/no touch (circle one) for the duration of my Reiki session (s). I waive all liability for any personal injuries, illnesses, damages towards Serenity Fit Spa LLC and Aspen Dreams LLC including all staff and owners.

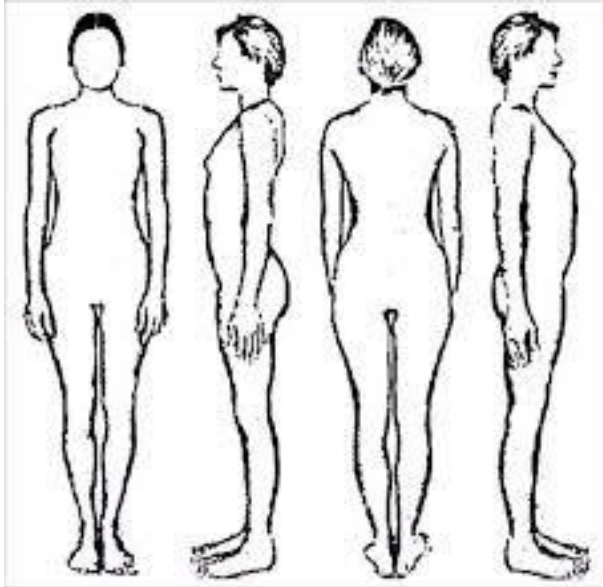
Signed: \_\_\_\_\_

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

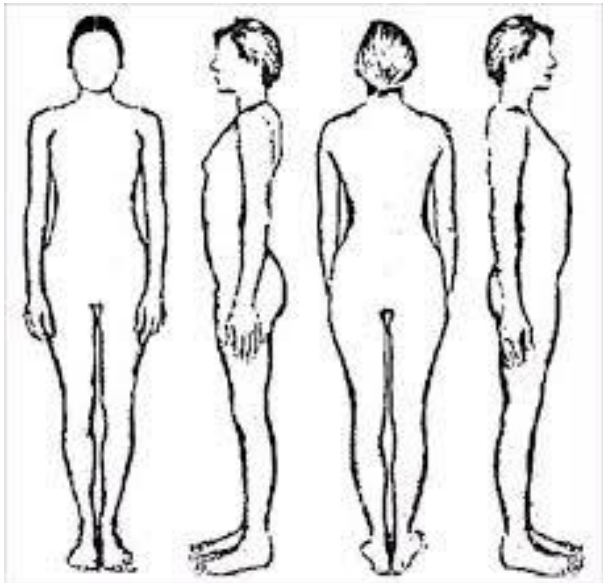
Privacy Notice: No information about any client will ever be discussed or shared with any third party without written consent.

**Body Chart**

**Before Session:**



**After Session**



**Treatment Plan:**