

Reiki Treatment Consent Form *(Example)*

I hereby consent, as evidenced by my personal information entered on this form, to Reiki session(s) for myself and/or my animal companion (as owner / agent of owner).

I understand that Reiki is a stress reduction and relaxation techniques. I acknowledge that treatments administered are only for the purpose of helping me and my companion relax, relieve stress, and promote wellness.

Reiki practitioners do not diagnose conditions, or perform medical treatment, 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, and my animal companion see a licensed professional veterinarian for any health issues.

I also understand and believe that the body has the ability to heal itself, and to do so complete relaxation is often beneficial. Long term imbalances in the body sometimes require multiple treatments to allow the body to reach the level of relaxation necessary to bring the system back into balance.

I understand and believe that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of a Reiki treatment. I understand and believe that improvement for my animal companion requires commitment on my part and that I must be willing to institute changes in my animal's environment to receive the full benefit of a Reiki treatment for my companion.

I acknowledge my commitment to my self-improvement process. I acknowledge my commitment on behalf of my animal companion(s) to provide the best environment to assist the wellness process.

I recognize that a Reiki treatment program must be followed to be truly effective.

Privacy notice: No information about any client will be disclosed to any third party without written consent of the client and parent or guardian (if the client is an animal, or human under 18).

Name: _____

Address: _____

City: _____

State: _____ **Zip code:** _____

Phone: _____

E-mail: _____

Signature: _____