

Virtual Energy Healing Service Information Form

Clients Name: \_\_\_\_\_ Date: \_\_\_\_\_

Best Contact for Follow up? Email \_\_\_\_\_ Phone \_\_\_\_\_ ( \_\_\_\_\_ )

Which Service are Booking Today: Shamanic Healing \_\_\_\_\_ Reiki Healing \_\_\_\_\_

Have you ever had a Shamanic or Reiki Session before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, when? How many? \_\_\_\_\_

Do you have a particular Area of Concern or Focus? \_\_\_\_\_

Do you have any sensitivities? Music/Sound \_\_\_\_\_ Touch \_\_\_\_\_ Perfumes \_\_\_\_\_

For Shaman Service: I understand that deep emotional issue may arise during my healing session. This is a part of releasing energy. I am still willingly moving forward with my Shamanic Healing Session. Yes \_\_\_\_\_ No \_\_\_\_\_

Are you under the care of a Physician? If yes, physician name: Yes \_\_\_\_\_ No \_\_\_\_\_

Current Medications and Dosage: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Any additional Questions/ Concerns? (optional) \_\_\_\_\_

I understand that Shamanic/Reiki Services are an energetic hands-on healing service. I understand that Shamanic/Reiki Services does not take place of medical service/care. I understand the Shamanic/ Reiki practitioner do not diagnose conditions nor prescribe or perform medical treatment, prescribe substances nor interfere with the treatment of a licensed medical professional. I understand that Shaman/ Reiki Services does not take place of medical care. I understand that Shaman/ Reiki Services can complement any medical or psychological care I may be receiving. I also understand 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 to facilitate the level of relaxation needed by the body to heal itself. By Signing below or replying to this email with your full name and date you are agreeing to the terms above.

*Privacy Notice: No information about any client will be discussed or shared with a third party and remain confidential unless otherwise agreed as a free trail case study.*

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