



CONSULTATION FORM - REIKI

Reiki

Reiki is a Japanese technique for stress reduction and relaxation that also promotes healing. It is administered by "laying on hands" and is based on the idea that an unseen "life force energy" flows through us and is what causes us to be alive. If one's "life force energy" is low, then we are more likely to get sick or feel stress, and if it is high, we are more capable of being happy and healthy.

The word Reiki is made of two Japanese words - Rei which means "God's Wisdom or the Higher Power" and Ki which is "life force energy". So Reiki is actually "spiritually guided life force energy."

A treatment feels like a wonderful glowing radiance that flows through and around you. Reiki treats the whole person including body, emotions, mind and spirit creating many beneficial effects that include relaxation and feelings of peace, security and wellbeing. Many have reported miraculous results.

Reiki is a simple, natural and safe method of spiritual healing and self-improvement that everyone can use. It has been effective in helping virtually every known illness and malady and always creates a beneficial effect. It also works in conjunction with all other medical or therapeutic techniques to relieve side effects and promote recovery.

Some people experience the energy as heat, some as tingles or a vibration, others see colours and some feel nothing at all although the universal energy is always working. Experiences can differ from person to person and also from session to session. There can also be releases physically or emotionally such as crying or laughter, both of these are fine!

Client Note:

The information given will be treated in the strictest of confidence.

Personal Details:

Title: Name

Address:

..... Postcode:.....

No. of Children:..... Date of Birth:

Profession:Phone No:

E-mail:

Age: Sex:

How did you hear about us?

General state of health and Lifestyle:

How would you rate your present state of health? Excellent Good Fair Poor

Lifestyle: Active Sedentary



Stress levels: *home*: High Medium Low *work*: High Medium Low
Sleep pattern: Good Average Poor Ability to relax: Good Average Poor
Working at computer: No Yes (hours daily/weekly)

Do you see natural daylight in your workplace? Yes No

Hobbies/relaxation activities:

Have you had a Complementary Treatment before? No Yes (recently?).....

Are you currently under a doctor's care for a specific reason? No Yes
(details).....

Are you taking medication? No Yes (details).....

Are you have naturopathic or alternative treatments? No Yes
(details).....

List any major illnesses, accidents, surgeries or broken bones;
.....

Reason for seeking treatment:

Relaxation and Stress Reduction

Specific issue:

Physical.....

Mental.....

Spiritual.....

Emotional.....

How would you describe your diet? (Portions/cups a day)

Veg/Fruit..... Dairy Produce..... Sweet Things..... Protein cont. food.....

Tea..... Coffee..... Water..... Soft Drinks..... Other.....

Eating in a hurry Regular meals Overeating Allergies

Do you smoke? No Yes average per day:

Do you drink alcohol? No Yes average consumption daily/weekly:

Do you exercise? None Occasional Irregular Regular

Skin type: Dry Oily Combination

Contraindications requiring medical permission: In circumstances where medical permission cannot be obtained client must give informed consent in writing prior to treatment.



- Any form infection, disease or fever Slipped disc Asthma Medical oedema
 Epilepsy Bell's Palsy Cancer Skin disease Undiagnosed
 lumps and bumps Cuts Bruises Abrasions (on exposed areas)
 Haemophilia Arthritis Kidney infections Whiplash Inflamed nerve
 Osteoporosis Diabetes Acute rheumatism Pregnancy Spastic condition
 Postural deformities Nervous/Psychotic conditions Trapped/Pinched nerve (e.g. sciatica)

 Cardio vascular conditions (thrombosis, phlebitis, high or low blood pressure, heart conditions)
 Nervous system dysfunction (Muscular sclerosis, Parkinson's disease, Motor neurone
 disease)
 Undiagnosed pain
 Recent operations

Other condition being treated by GP or another complementary therapist:.....

Prescribed medication:.....

Localised Contraindications:

- Localised swelling Inflammation Sunburn Varicose veins Hormonal implants
 Cervical spondylitis Haematoma Hernia Gastric ulcers Cuts/Bruises
 Recent fractures (minimum 3 months) Undiagnosed lump/bumps
 Skin diseases (Eczema, Acne, Dermatitis, Psoriasis, other)
 Scar tissues (2 years for major and 6 months for a small scar)

Other details:

Muscular/Skeletal problems: Back Stiff joints

Digestive problems: Constipation Bloating Stomach Liver/Gall bladder

Circulation: Cold hands and feet Cellulite Tired legs Kidney problems

Heart Blood pressure Fluid retention Tired legs Varicose veins

Nervous system: Headaches Migraine Tension Stress

Depression

Immune system: Sore throat Sinuses Colds Chest Prone to infection

Gynaecological: Menopause H.R.T P.M.T Pills Irregular periods

Coil Other Date of last period:

Aids or STD:

Current homeopathic, vitamins supplements, etc:.....



Client declaration:

By signing this form I give my consent to all future Reiki session and acknowledge I have read and understood the information below.

- I declare that the information I have given is correct and that as far I am aware I can undertake treatment without any adverse effects.
- I do not suffer any contagious diseases (Diarrhoea, vomiting, etc.), which could spread to other clients coming to the clinic and I am not under the influence of recreational drugs or alcohol.
- I must communicate any levels of discomfort during the session.
- I have been fully informed about the treatment and any contraindications and I am willing to proceed. I understand that any complementary therapy treatment does not substitute medical treatment.
- I hereby indemnify Little Banyan Yoga and the therapist against all adverse reaction sustained as a result of treatment.

Client Signature: Date: