REIKI TREATMENT
CONSENT FORM
TERMS & CONDITIONS

Clients name: _____

I have been advised that if I suspect I may have a medical condition I should seek help from a qualified medical practitioner.
I am over the age of 18.
The information I have given is true to the best of my knowledge and I have not withheld any relevant information.
I understand that all the information I have given will be treated in the strictest of confidence.
The Reiki Practitioner has fully explained the treatment and the procedures involved.
I understand that at all times my personal body privacy will be maintained and I am not required to remove any clothing, except shoes.
I confirm that the details given by me to the Reiki Practitioner are correct. If any of the personal information I have given changes, I will inform the practitioner accordingly.
I have had the opportunity to ask questions regarding the Reiki Treatment and am willing to proceed with the Reiki Treatment.
I undergo this Reiki Treatment entirely at my own risk and understand that the Reiki Practitioner accepts no liability for loss or injury resulting from this treatment.
I understand that the fee per Reiki Treatment is £ _____

Signed (Client): _____

Print Name (Client): _____

Date: _____

Signed (Practitioner): _____

Print Name (Practitioner): _____

Date: _____