

Healing Prayerful Touch Intake Form

*A Christ-centered approach to energy healing through
Reiki Healing Touch and Aroma Touch.*

Name: _____

Address: _____

Cell Phone: _____ Is it ok to text? _____

Email: _____

Have you ever experienced a Reiki session before? (Please circle) YES or NO

If YES, when was your last session? _____ Number of sessions: _____

Main reason for requesting a session: _____

Provide any pertinent medical information: _____

Do you have a particular area of your body you would like to focus on?

Are you sensitive to perfumes or fragrances? _____

Are you sensitive to touch? _____

Do you have a religious affiliation? _____

A word, phrase or short description that describes your present spiritual

journey: _____

Are you interested any of the following:

Reiki only (Experienced fully clothed): Yes or No?

Reiki and Aroma Touch (A gentle application of 8 different essential oils on souls of feet and back - feet and back exposed): Yes or No?

Opportunities for creative self-expression to process feelings experienced during the session: Yes or No?

Agreement of Consent & Waiver of Liability

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction, relaxation, spiritual growth and healing. 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. I understand that Reiki does not take the place of medical care. 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 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 in order to facilitate the level of relaxation needed by the body to heal itself.

I agree to take full responsibility for any risks, loss, claim, injury, damage or liability, known or unknown, which I might incur as a result of participating in this session. Reiki is not a substitute for medical attention, examination, diagnosis or treatment. Reiki is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to receive Reiki. I knowingly, voluntarily, and expressly agree to accept full responsibility and assume the risk for my use of or participation in any and all classes, activities, apparatus, appliance, facility privilege or service, of any nature, which is owned or operated by BODYful Connections, LLC. While engaging in any class or activity operated, organized, arranged or sponsored by BODYful Connections, LLC, either

on or off their premises, I shall do so at my own risk, and hold BODYful Connections, LLC, its employees, representatives and agents, forever harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by me. I specifically agree to indemnify and hold harmless BODYful Connections, LLC as to any loss, cost, claim, injury, damage or liability, sustained or incurred by participating in the classes, or through my use of the facilities or equipment of BODYful Connections, LLC which is caused by an act or omission, whether negligent, intentional or otherwise, of an employee, representative, or agent of BODYful Connections, LLC. I, my heirs, or legal representative forever release waive, discharge and covenant not to sue BODYful Connections, LLC for any injury or death caused by my participation in the Reiki session. My signature below constitutes my full acceptance of this waiver. I have read the release and waiver of liability and fully understand its consent. I voluntarily agree to the terms and conditions stated above.

Signed: _____ Date: _____

Privacy Notice:

No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.

To prepare for a Healing Prayerful Touch Session please dress comfortably and consider and prayerful intention you would like to focus on during the session.



BODYful Connections