

Reiki Treatment Waiver/Consent

Treatment by Randy McAllister

I understand that Reiki is a stress reduction and relaxation technique. I acknowledge that treatments administered are only for the purpose of helping me relax and to relieve stress. Reiki Practitioners are not qualified to diagnose conditions, nor do they prescribe substances or perform medical treatments, medical evaluations, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed health care professional for any physical or psychological ailments I am aware of.

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 agree to keep the Practitioner updated as to any changes in my medical profile and understand I hereby release the Practitioner from any and all liability.

Signed: Print Name:

Date:

Address:

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Phone: Email:

List treatments or medications you are currently receiving?

Medication or Treatment Type	Dosage or Frequency	Start Date

Please be aware that all information obtained from you is kept private and will never be shared without your consent.