# Reiki Center for Natural Healing LLC ("the Center") Barbara Kajan Scott ("Barbara"), RMT, RScP

Office Location: 635 Southpointe Ct., Suite 130, Colorado Springs, CO 80906 719-632-1644 barbara@nativepower.org www.nativepower.org

# **Reiki Treatment Client Intake Form**

Name/"Client" (please print):		
Phone (home):	Cell phone: What is the best way to contact you?	
Can you receive text messages?	What is the best way to contact you?	
Email for contact:		
Address:		
City, State, Zip:		
Client's Age:		
<b>Emergency Contact:</b>		
	Relationship: Phone:	
Would you like to be added to my em	nail list for upcoming events & specials? yes	no
Reason for Session:		
Relaxation and Stress Reduction	<del></del>	
Physical		
Emotional		
Mental		
Spiritual		
Are you experiencing pain or discomf If yes, where?	fort?yesno	
Please list area(s) of concern that you	u would like to address in order of importance:	
Have you ever had a Reiki session bef	None: fore?yesno	
How did you hear about Barbara?		

## This Client Discloser pertains to the following services to be provided: Reiki treatments

In compliance with the *Colorado Natural Health Consumer Protection Act*, please read the following disclosure:

#### Degrees, training and experience:

Certified Reiki Practitioner since January 1998.

Certified Master Reiki Instructor since February 1999.

## **Alternative and Complimentary Health Care Services:**

Reiki is recognized by the State of Colorado as alternative and complimentary health care service. Reiki practitioners are not licensed, certified or registered by the State of Colorado as health care professionals and do not diagnose conditions, prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medial professional. It is in the client's best interest to see a licensed physician or licensed health care professional for any physical or psychological aliment(s) they may have. It is also in the client's best interest to discuss any recommendations they may receive from Barbara with their primary care physician, obstetrician, gynecologist, oncologist, cardiologist, pediatrician, or other board-certified physician.

**Cold and Flu Clause:** Out of respect and consideration to other clients and Barbara, if a client arrives at the center for their appointment with any type of contagious illness, such as (but not limited to) cold or flu, please know that the Reiki Center's policy is to require the client to wear a protective face mask or reschedule the session to a future date. If you are sick, please contact Barbara prior to arriving for the session.

**Cell Phone Notice**: If you bring a cell phone, please make sure you **turn it off** before your session and do not bring it into the actual session room—cell phones emit electromagnetic frequencies so we would like to keep the energy environment as pure as possible. Thank you for your understanding and compliance.

Missed Sessions and Cancellations: The client understands that client is required to provide to the center at a minimum 24-hours advance notice of any requested cancellation or change of any of client's appointments and that any missed (no show) appointments will result in either a) forfeit of the client's session time from the client's Discount Package or b) full payment by client full for the missed appointment time. Same-day cancellations will result in a \$30 cancellation fee.

#### **Liability Insurance Disclaimer:**

Barbara carries liability coverage as a professional member in good standing with ABMP (Associated Body Work and Massage Professionals).

By signing below the client acknowledges to have fully read and understands the above terms and conditions, and further understands that if client has any questions or concerns about any of the above terms or conditions it is client's responsibility to discuss it with Barbara.

Client's Name (Please Print)	
Client's Signature	Today's Date