

Ascension Healing

Integrative Energy Healing for Body, Heart, Mind & Spirit

Dallas/Fort Worth 817 721-0901

- Client Form -

Name: _____

Date of birth: _____ Date of initial visit: _____

Phone: _____ Email: _____

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Have you had a Reiki Energy Session or any other type of Energy modality (non-massage) in the past?

Yes No

If yes, what was the name of the modality, how often did you receive treatments?

And briefly describe your experience, results from it:

*In Session you will be laying comfortably on your back on a memory foam supported massage table
with pillows for: head/neck support & under the knees for lower back support*

Do you have a preference lying front or back? Yes No

Anything I need to know to make you more comfortable?

What is your goal for today's Reiki session? (circle all that apply)

Relaxation Wellness Increased vitality Stress reduction Pain reduction

Other _____

Do you experience stress in your work, family, or other aspect of your life? Yes No

If yes, how do you most feel the stress is affecting your presently? Your health?

(circle all that apply)

Muscle tension Anxiety Insomnia Irritability Headaches/Migraines

Other _____

Is there a particular area(s) of the body where you are experiencing:

tension, stiffness, pain, or other discomfort? Yes No

If yes, explain: _____

Do you have any allergies or sensitivities? Yes No

If yes, explain: _____

Are you currently under medical supervision? Yes No

If yes, explain: _____

Are you currently taking medications? Yes No

If yes, please list: _____

Is there anything else that would be useful for your Practitioner to know prior to your Session?

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Pamela Mauras

Intuitive Energy Healer and Reiki Practitioner, Master-Teacher
providing mental/emotional/physical and spiritual support through
Intuitive Energy Healing, Reiki and more

Release - Waiver

I understand that Reiki is a simple, gentle, hands- on energy technique that is used for stress reduction and relaxation. 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 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 was advised limiting caffeine as well as processed sugars 48 hrs prior to Session would be helpful to support optimal intake of energies.

I was also advised it is very helpful to drink more water 48hrs prior to Session to help rid, eliminate toxins and stimulants (caffeine/sugar) from my body and better prepare for the Session.

I agree that following my Practitioner's recommendation (pre/post session) is my sole responsibility and understand there is no liability on the therapist's part should I not follow advised recommendations.

Signature of client _____ Date _____

Signature of Reiki Therapist _____ Date _____

Signature of parent if client is under the age of 18 _____

Confidentiality Statement

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.