

Creative Healing and Wellness, Inc.
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Reiki/Urban Zen Integrative Therapy Session Client Information Form

Name: (Please Print) _____
Phone (home): _____ Cell phone or evening: _____
Address: _____
City, State, Zip: _____
Email: _____
Emergency Contact/Phone: _____
Current Medications: _____
Are you currently under the care of a physician? __ Yes __ No
If yes, physician's name: _____
How did you hear about us? _____
Have you ever had a Reiki or Mindfulness session before? __ Yes __ No
Do you have a particular area of concern? _____

Do you experience any of these symptoms on a regular basis? (Please circle)
Pain Anxiety Nausea Insomnia Constipation Exhaustion Sadness
Are you sensitive to fragrances? __ Yes __ No If so, which types: _____
Do you have any allergies (i.e. medications, soy, citrus, etc) _____
Do you have any movement restrictions? _____

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki/Urban Zen Integrative Therapist 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/Urban Zen Integrative Therapy 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/Urban Zen Integrative Therapy can complement any medical or psychological care I may be receiving.

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.

CANCELLATION POLICY & FEES AGREEMENT

Your appointment time is reserved for you. If you fail to cancel a scheduled appointment, you will be billed for your missed appointment. A cancellation fee of \$50 is charged for missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency.

A bill will be mailed directly to all clients who do not show up for, or cancel an appointment. Thank you for your consideration regarding this important matter. There is a \$50 fee charged for returned checks, in which the session is then agreed to be paid by cash or credit.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date