



Reiki Consent Form

Irene Dumais - Touch of Heaven

Phone: 705-262-5556

What is Reiki?

Reiki is a pure form of vital life energy that works with your body's chakra/energy system.

A treatment feels like a wonderful warm, energizing flows through you and surrounds you.

Reiki treats the whole person including mind body, emotions, and soul connection.

Reiki can create many beneficial effects including relaxation, feelings of peace, security, well-being and even can relieve and decrease pain.

The word Reiki is made of two Japanese words - Rei which means "Universal Divine Light Energy where wisdom is found "Ki" which is "Life force energy" your Chi energy for grounding and embodying.

So Reiki is actually "spiritually guided life force energy."

Reiki is not a replacement for traditional medical treatment, instead it is a beneficial healing system that enhances it.

What is it? When the vibrations of a person go up during a Reiki treatment negative energies and energy blockages are released from the body as well as any built up toxins, this may cause the body to go through a "detox" as the Reiki energy works to remove them and cleanse the body.

Symptoms/ Side effects following :

Feeling tired, light-headed, headache, diarrhea, or upset stomach.

Irene Dumais recommends drinking lots of water, grounding and eating organic fruits and vegetables to assist the body in the detox process.

Name: _____

Date: _____

Your mailing address : _____

Customer's Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Email: _____

Preferred way to communicate :

Email : _____ Phone : _____

Facebook / Messenger _____

Other _____

Can I e-mail you specials/events? _____

1. How did you hear about me? _____

2. Have you had a Reiki treatment before? Yes / No If yes, date of last session:



Reiki Consent Form

Irene Dumais - Touch of Heaven

Phone: 705-262-5556

3. What is your goal for today's session?

Do you have any difficulty lying on your back or stomach? Yes _____ No _____

N/A distance Reiki only _____

Would you prefer a chair that keeps your body upright? Yes _____ No _____

N/A - distance Reiki only _____

Are you allergic to:

Perfumes: _____

Essential Oils: _____

Fragrances: _____

N/A Distance Reiki only _____

Please list any other allergies:

Are you sensitive to touch?

(would you prefer hands-off Reiki)?

Hands on _____ Hands Off _____

Are you under the care of a Doctor?

Yes _____ No _____

If yes - Contact info: _____

Do you have/had any of the following?

1. Heart problems: _____
2. Pace maker/defibrillator: _____
3. Diabetes: _____
4. Asthma: _____
5. High/Low blood pressure: _____
6. Depression: _____
7. Anxiety: _____
8. Cramps or Numbness: _____
9. Pain: _____

Please List any other health conditions or concerns or medications currently taking:



Reiki Consent Form

Irene Dumais - Touch of Heaven

Phone: 705-262-5556

Are you currently or have you ever used any other holistic healing methods?

Yes _____. No _____

Please list:

Do you have any additional concerns or questions?

Billing: Payment is expected at time of service unless prior arrangements have been made.

Cancellation Policy: I understand that I will be required to pay for any missed appointments unless I give Irene Dumais a 24 hr. notice and that any two canceled sessions will require a deposit to reschedule.

By signing below, I acknowledge, understand and fully agree with the above information.

Signature of Client: _____

Printed Name: _____

Date: _____

Signature of Reiki Practitioner: _____