

GURPREET HEALING LLC: REIKI CLIENT WAIVER FORM

Name: (Please Print)

Phone:

Address:

Email:

Birthday :

Have you ever had a Reiki session before? __Yes __No If yes, when was your last session? _____

Do you have a particular area of concern?

Is it okay for me to use essential oils/sprays/incense?

Are you comfortable with light touch on different areas of your body (excluding genitals and female breasts)?

The following Release and Liability Waiver is effective for all visits.

I understand that Reiki is a gentle, hands-on energy technique 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 physician or licensed health care professional for any physical or psychological ailment I may have.

I understand that Reiki can compliment any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself. 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 assume sole responsibility for my own health and for the results of any sessions provided by Monica Tucker that may affect my health in any way. Treatment/s will not replace conventional medical diagnosis or treatment. I will continue taking medication prescribed by a licensed medical physician and will continue to follow his/her instructions. I release Monica Tucker and Gurpreet Healing from all legal

liability during my participation in the Reiki treatment/s, as well as the locations where Monica Tucker offers Reiki: Her home in Norcross. All information received by me from Monica Tucker is accepted with full knowledge that any action taken by me as a result of the information received is my complete responsibility.

Signed: _____ Date: _____