

# REIKI & INTUITIVE ENERGY HEALING INTAKE FORM

## Awakening Your Light Reiki

**Kassandra Jarmillo, RN.**

### Angelic Reiki Practitioner and Energy Healer

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Is it ok to contact you via email?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Email: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Referred By: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

Are you currently/within the last year under the care of Primary Care Dr? Yes \_\_\_ No \_\_\_

What conditions? \_\_\_\_\_

List any medications: \_\_\_\_\_

Have you ever received Reiki or Energy Healing? Yes \_\_\_ No \_\_\_

Are you sensitive to fragrances or touch? Yes \_\_\_ No \_\_\_

List allergies: \_\_\_\_\_

List any areas not to touch: \_\_\_\_\_

### Personal History

**Please check any conditions you have now or have had in the past.**

\_\_\_ High Blood Pressure \_\_\_ Low Back Pain \_\_\_ Allergy to Nut Oils \_\_\_ Allergy to Aromatherapy Oils \_\_\_ Osteoporosis \_\_\_ Diabetes \_\_\_ Pregnant \_\_\_ Varicose Veins \_\_\_ Bursitis \_\_\_ Skin Infections \_\_\_ Low Blood Pressure \_\_\_ Bleeding conditions \_\_\_ Heart conditions \_\_\_ Stroke \_\_\_ Arthritis \_\_\_ Headaches \_\_\_ Blood Clots \_\_\_ Seizure/Epilepsy \_\_\_ Cancer \_\_\_ Other conditions \_\_\_\_\_

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### TREATMENT CONSENT FORM

I understand that the Reiki and Energy Healers do not diagnose illness, disease, or mental disorder. Nor do they prescribe medical treatment or pharmaceuticals. It has been made clear that energy healing is not a substitute for medical examination or diagnosis and that it is recommended that I see a MD for any physical or mental ailment. I agree that the Reiki and Energy Healer cannot be held liable for any problems that might arise that I think could be attributed to the energy healing session. I have stated all my known medical conditions to my Reiki/ Energy provider and if necessary, I will keep her updated on my physical, mental, and emotional health.

I acknowledge that the Reiki and Energy Healer, Kassandra Jarmillo practices for the purpose of providing mental/emotional/physical and spiritual support using Intuitive Healing Techniques. I attest that I understand the nature of the treatment and freely elect to receive treatments. I release the providers from all claims of malpractice, non-disclosure, or lack of informed consent.

You may list your goals, concerns, and questions here or wait until your session begins.

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### LATE CANCELLATION/MISSED APPOINTMENT AGREEMENT

Please provide 24 hours in advance notice of any changes or cancellations. Appointments that are missed/rescheduled/cancelled with less than 24 hours' notice may be billed \$40.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COMMUNICATION CONSENT

I am required to have your consent to communicate via email, online website scheduling and text. Currently email, text and scheduling are not encrypted. I can communicate with you by each of these forms but need your consent to do so. If you have sensitive health

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care information you wish to share, refrain from sending via email or text. We can discuss it at the time of your appointment. I agree with the above communication consent:

Yes \_\_\_\_\_ No \_\_\_\_\_

#### **WHAT TO EXPECT:**

A typical session lasts for 30 minutes to an hour and depends on the service chosen. It begins with the client lying down on a massage table fully clothed, minus shoes and glasses if the client wears them. Relaxing music is available if the client chooses but it is not required. We make every effort to be sure that each client feels safe and comfortable. Before your session begins, you can discuss any of your thoughts or concerns. The provider will work above your body or lightly place hands or tuning forks on various parts of your body. If you do not wish to be touched, please let your provider know. Kassandra will feel for places where the energy is stagnant or where the energy is deficient. She may work with the chakras, acupuncture meridian lines or areas that are drawn to work. You may let her know if there is a specific area that you would like addressed.

The provider may feel heat, cold or a tingling sensation in their hands indicating that there is some type of block or stagnation of energy in a particular area. They also receive impressions about an area or areas of a person's life that may be in need of attention. They will usually relay her impressions and what she is feeling with her hands to her client during the session but sometimes will wait until the end to go over any questions or feelings (both physical and emotional) that come up.

Most people feel very relaxed as sessions allow for the release of physical, emotional and spiritual pain or blockages. This allows the individual to begin making the necessary changes, and shifts in awareness towards a more positive life experience. We find that energy medicine has a cumulative effect and so when you treat yourself to regular sessions, better health and well-being are natural outcomes. At the end, you and your provider can check in about anything that came up for you during the session.

**Payment can be made via: Cash, Check, or Zelle**

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**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

I am the parent or legal guardian of the above-named minor. I have read the Treatment Consent section in its entirety, understand its contents, and voluntarily consent to my child participating in Reiki / intuitive energy healing sessions in accordance with the terms outlined above.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Relationship to Minor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for choosing *Awakening Your Light Reiki!*