

Indigo Nature Reiki Services Informed Consent Form

I, _____ hereby voluntarily request and consent to receive Reiki services from the Reiki Master Teacher.

- I understand and acknowledge that no guarantees have been made to me as to the effectiveness of such services.
- I understand and acknowledge that in no way are these services meant to be construed by me as the diagnosis or treatment of disease, but rather as an aid to balancing my energy and to possibly improving my general wellness.
- I understand that the Reiki Master Teacher upholds the highest standards of care and professionalism and abides by the ethics of Reiki.
- I understand that Reiki services provided by the Reiki Master Teacher are simply intended to enhance relaxation and to aid in stress reduction.
- I understand that Reiki is not a substitute for medical treatment or medications, and it is recommended that I concurrently work with my doctor or primary caregiver for any condition I may have. I am advised that if I am sick, I should consult my doctor. I am aware that the Reiki Master Teacher does not diagnose illness or disease and does not prescribe medication.
- I have a clear understanding of the distance Reiki procedures and will provide the required information if that method is requested.
- If I experience any discomfort during the session, I will immediately communicate that to the Reiki Master Teacher so the treatment can be adjusted.

Client Signature _____ Date _____