



Reiki of Sunshine

Client Information Form

Please fill out all applicable information.

*Items in **bold** are Essential for us to know if you plan to have Lymphatic Therapy*

Name _____

Birth Date _____

Address _____

Cell # _____

City _____ ST _____ Zip _____

Home # _____

Email _____

Occupation _____

Emergency Contact _____

Phone # _____

Physician _____

Phone # _____

How did you learn about us? _____

Have you received any of the following before? (check all that apply) _____ Lymphatic Support

_____ Energy Healing/Reiki/Access Bars/Emotion-Body Code _____ Raindrop Therapy _____ Reflexology

When and how often? _____

Are you sensitive to essential oils? _____

Are you sensitive to touch? _____

Please check off any of the following conditions or symptoms which apply to you now or in the past:

_____ High Blood Pressure

_____ *** Blood Clots***

_____ Muscle Sprain/Strain

_____ Contact Lens

_____ Low Blood Pressure

_____ Heart Attack/Stroke/Cardio Surgery

_____ Low Back Pain

_____ Varicose Veins

_____ Arthritis

_____ Allergy to Nut Oils

_____ Bursitis

_____ ***Congestive Heart Failure***

_____ Osteoporosis

_____ ***Skin Infections***

_____ ***Unexplained Calf Pain***

_____ ***Pregnant***

_____ Hypo or Hyperglycemia

_____ Contagious Conditions

If so, what trimester? _____

_____ ***Current active bacterial infection of any type or undiagnosed infection***

Please list and explain other conditions/symptoms you had or are having that concern you:

Have you had any serious or chronic illnesses? _____

Please name briefly:

Operations _____

Traumatic Accidents _____

Any Botox injections or other injectable facial fillers or PRP (Vampire Facial)? _____

Note: these may dissolve faster in the tissues with LET treatment and lessen your investment. Working away from the fillers for drainage of the body is ok.

***Do you have any implanted electronic devices in your body: Pacemaker, ICD, Medicine Pumps?* This is essential knowledge if you intend to have Lymphatic Therapy with the LET instruments.**

Metal implants and/or joint replacements? _____

It is safe to work over these, but please let us know so we can be a bit more cautious over the area/s of surgery.

Are you currently, or have you at any time within the last 12 months, been under the care of a physician?

If so, for what condition? _____

Are you on any medication? _____ If yes, which ones? _____

What herbs/supplements do you take every day?

Do you exercise? _____ How many times per week? _____ For how long? _____

How many ounces of water do you drink per day? _____

Have you ever had any electronic lymphatic therapy prior to this? _____

Do you drink caffeinated beverages? _____ How many cups/bottles per day the following?

Soda Pop _____ Coffee _____ Black Teas _____

Do you smoke cigarettes? _____ How many per day? _____

Do you consume alcohol? _____ How many drinks per: day _____ week _____

I have completed this health form to the best of my knowledge. I understand that Energy/Bodywork, Raindrop Therapy and Lymphatic Manual technique services are a therapeutic health aid balancing your mind, body and spirit. They do not take the place of a physician's care when indicated. Any information exchanged during a Rei of Sunshine session is confidential and is only used to provide you with the best health care services.

I have been given instructions by the practitioner into the possible detoxification (cleansing effects) of LET lymphatic therapy technology (Lymphstar Pro). I understand that such effects may be of concern for one to three days following the therapy. I will call the practitioner during business hours, or on their emergency number if provided, if I have any concerns after the therapy session.

We do not bill insurance. I understand that I am financially responsible for payment of services. I agree to provide 24 hour cancellation notice. If I fail to do so, I agree to pay the full appointment fee.

Name: Please Print:

Name (signature) _____ Date _____

Practitioner Use Only:

X Service provided, * Service interest

____ Lymphatic Therapy ____ Raindrop Therapy ____ Reflexology

____ Energy Healing/Reiki/Access Bars