



2418 Lakeshore Road West
Oakville, ON L6L 1H7

Reiki

Patient Information (please print clearly)

Name: _____ Date of Birth: mm/dd/yyyy ____/____/____ Age: _____

Address: _____ City: _____ Postal Code: _____

Phone: (H) _____ (B) _____ (M) _____

Email: _____

Occupation: _____ Where did you find our number? _____

If online, what site referred you? _____

Health History

An accurate health history is important to provide the best treatment for you. If your health changes in the future, please inform us. As holistic health practitioners, we do not diagnose, prescribe for or treat any specific illness. Holistic treatments work with the body as a whole. If you have any medical issues, please seek professional medical help.

Doctor: _____ Phone: _____ City: _____

Do you feel in good health? No Yes If no, please describe: _____

Are you currently under the care of a health care professional for a specific condition (Chiropractor, Naturopath, Homeopath, Physiotherapist, RMT, Nutritionist, etc)? _____

Cancellation Policy

We require 24 hours notice if you are unable to make your scheduled appointment. After an initial warning there is a charge of \$45.00 for a second missed appointment. All subsequent missed appointments will then be billed at the regular fee.

Consent for Reiki Session:

I understand and accept that the sessions received are of therapeutic value only and fully accept responsibility for the same.

Signature (18 years of age or older): _____ Date: _____

Parental/Guardian Signature: _____ Date: _____