

Anita Clark, LMBT
SC License # 8493

Polarity/Reiki Form

Name _____ Date of initial visit _____

Address _____

Email _____

Address _____

Phone _____ Permission to leave message: YES NO Date of Birth _____

Occupation _____ Sports/Physical activity _____

**The following information is strictly confidential and will be used to help plan safe and effective sessions.
Please answer the questions to the best of your knowledge.**

1. Do you have any difficulty lying on your front, back or side? YES NO
If yes, please explain: _____

2. Do you experience stress in your work, family or other aspect of your life? YES NO
3. Are your current stressors physical, emotional or both? _____

4. Do you have trouble sleeping? _____
5. How is your general energy level? _____

6. Have you had a Polarity or Reiki session before? YES NO
7. What is your desired outcome for this session? _____

**In order to plan a session that is safe and effective, we need some general information
about your medical history.**

8. Are you currently under medical supervision? YES NO
If yes, please explain: _____

9. Are you currently taking any medications? YES NO
If yes please
list: _____

10. For women: Are you pregnant? YES NO If yes, how many months?

11. Is there anything else about your health history that you think would be useful for your practitioner to know?

Please read the following statement, sign and date to indicate that you have read the statement and understand.

I understand that Polarity/Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Polarity/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, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and bodywork from this practitioner. I understand that Polarity/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 Polarity/Reiki can complement medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. 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.

Signature _____ Date _____