

HEAD TO TOE HEALTH CENTRE  
**Reiki Intake Form**



*This confidential information of your medical record and health history will be kept in the Head to Toe Health Centre and will not be released to any individual except when you have authorized this release in writing or when required by law. Please complete this form as thoroughly as possible to optimize your health care outcomes.*

**Contact Information:**

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

Date of Birth: \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

How did you become aware of the Head to Toe Health Centre: \_\_\_\_\_

\_\_\_\_\_

**Email/  
E-newsletter:**

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

Would you like to receive our e-newsletter\* to this email?  Yes  No

\*Periodically Head to Toe sends out an e-newsletter updating patients on clinic news and events providing helpful holistic health care information. Your email address will not be shared.

**General:**

Do you know what Reiki is?  Y  N

Have you had a Reiki treatment in the past?  Y  N If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you have a Pacemaker?  Y  N

Please list any health concerns or goals in order of importance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HEAD TO TOE HEALTH CENTRE  
**Patient Agreement Form**  
**Reiki Treatment**



Your signature below acknowledges the following:

1. *I understand that Reiki is not covered by the provincial government (OHIP), though may be covered by private and extended insurance plans. Reiki may also be tax deductible.*
2. *The fees and services have been clarified in advance. Payment is due at the end of each visit as the Head to Toe Health Centre does not bill insurance companies directly. Cash, Cheque, Interac, Visa, and Mastercard are acceptable methods of payment.*
3. *Twenty-four hours notice is required when cancelling or changing an appointment. Otherwise, I understand that I will be charged for 50% of the missed appointment fee.*
4. *I recognize that Reiki is not an isolated system of care and that practitioners welcome teamwork with NDs, MDs, DCs, RMTs, Acupuncturists, and other health practitioners.*

## **Informed Consent:**

As a patient of the Head to Toe Health Centre, I hereby acknowledge that I am willing to provide my practitioner with the information necessary for them to fully understand my medical history, presenting symptoms, and the health goals I wish to achieve in our work together. I thereby consent to answering the questions asked of me by my Reiki Practitioner.

I understand that the Reiki session given involves a natural method of energy balancing for the purpose of stress reduction, and relaxation. I understand very clearly that a Reiki session is not a substitute for medical, or psychological diagnosis, and treatment. I also understand that it is not massage therapy.

I understand that Reiki practitioners do not diagnose conditions, nor do they prescribe substances, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or licensed health care professional for any physical, or psychological ailment I have.

I understand that Reiki can be employed in conjunction with other forms of therapy and need not be considered exclusively beneficial. I acknowledge that one method of treatment need not be chosen over others and that various methods often work best in conjunction with one another.

As with all forms of therapy, I understand that Reiki also has its limitations and thus I understand that the results are not guaranteed. Nor do I expect my practitioner at the Head to Toe Health Centre to be able to anticipate and explain all risks and complications prior to treatment.

I understand that the Head to Toe Health Centre will keep a record of my personal health information and of the services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself or unless required by law. I understand that the Head to Toe Health Centre will act as the Health Information Custodian for my personal and health information. If I am seeing more than one practitioner at the Head to Toe Health Centre, I imply consent for them to share and discuss my file as deemed necessary by the practitioners, to ensure that I receive care most appropriate for my condition.

With this knowledge, I voluntarily consent to Reiki treatment and I intend for this consent form to cover my entire course of treatment. I understand that I am free to withdraw my consent at any time.

Patient name (Please print): \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_