

## REIKI TREATMENT PLAN

<b>Therapist Name:</b>	<b>Salon Address:</b>	<b>Start Time:</b> <b>Finish Time:</b>	<b>Treatment</b>																																											
<b>Client Name:</b> _____ <b>Date Of Birth:</b> _____ <b>Occupation:</b> _____																																														
<b>Proposed Treatment:</b>		<b>Balancing Chakras / Half Reiki Treatment</b>																																												
<b>Treatment Dates</b>																																														
<b>Did you ever have a Reiki Treatment? Yes/No</b> <b>Do you know what a Reiki Treatment is or implies? Yes/No</b>																																														
<b>Related Medical History:</b>		<b>Are You Taking Any Medication?</b>																																												
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<b>If you have answered yes to any of the above please give details:</b> <div style="height: 50px;"></div>																																														
<p style="text-align: center;"><b>TREATMENT AREA</b></p> <p><input type="checkbox"/> Chakras</p> <p><input type="checkbox"/> Half Body (Anterior)</p>	<p style="text-align: center;"><b>GENERAL REASON/OBJECTIVES FOR TREATMENT</b></p> <p><input type="checkbox"/> Relaxation</p> <p><input type="checkbox"/> Balancing</p> <p><input type="checkbox"/> Uplifting/ Stimulation</p> <p><input type="checkbox"/> Reduction of pain</p> <p><input type="checkbox"/> Stress relief</p> <p><input type="checkbox"/> Other _____</p>																																													

NOTE: Please do not fill the green areas.

<p style="text-align: center;"><b>LIFESTYLE</b></p> <p>Health <span style="float: right;">Good/Average/Poor</span>  Exercise Habits <span style="float: right;">Good/Average/Poor</span>  Dietary and Fluid Intake <span style="float: right;">Good/Average/Poor</span>  Sleep Patterns <span style="float: right;">Good/Average/Poor</span>  Do you smoke/Vape <span style="float: right;">Yes/No</span>  Do you drink alcohol <span style="float: right;">Yes/No</span>  Hobbies, Interests, means of Relaxation  _____  _____  _____  _____  _____</p>	<p style="text-align: center;"><b>PHYSICAL CHARACTERISTICS</b></p> <p>Client Range <span style="float: right;">Young/Middle /Elderly</span>  Frame Size <span style="float: right;">Small /Medium/Large</span>  Weight <span style="float: right;">Under/Average/Over</span>    <span style="float: right;">Nervous/Non-Nervous</span>  Other _____</p>
<p style="text-align: center;"><b>MEDIUM USED</b></p> <p><input type="checkbox"/> None  <input type="checkbox"/> Essential Oils Blending _____  _____</p>	<p style="text-align: center;"><b>PREPARATION OF CLIENT</b></p> <p><input type="checkbox"/> Expectations  <input type="checkbox"/> Removal of Appropriate Clothing  <input type="checkbox"/> Removal of Accessories  <input type="checkbox"/> Covering The Client</p>
<p style="text-align: center;"><b>CONTRA-ACTIONS:</b></p>	<p style="text-align: center;"><b>TREATMENT TECHNIQUES</b></p> <p><input type="checkbox"/> Direct healing (Physical contact)  <input type="checkbox"/> Distance healing (No physical contact)  <input type="checkbox"/> Crystals  <input type="checkbox"/> Pendent</p>
<p style="text-align: center;"><b>MESSURES TAKING IN PLACE:</b></p>	
<p style="text-align: center;"><b>AFTERCARE/HOMECARE</b></p> <p><input type="checkbox"/> Relaxation <span style="float: right;"><input type="checkbox"/> Self-massage</span>  <input type="checkbox"/> Posture <span style="float: right;"><input type="checkbox"/> Breathing</span>  <input type="checkbox"/> Products <span style="float: right;"><input type="checkbox"/> Colour Therapy</span>  <input type="checkbox"/> Drink water <span style="float: right;"><input type="checkbox"/> Eat a light diet</span>  <input type="checkbox"/> Avoid alcohol <span style="float: right;"><input type="checkbox"/> Reduce caffeine intake</span></p>	<p style="text-align: center;"><b>ADVICE GIVEN:</b></p>
<p><b>CLIENT CONSENT TO TREATMENT</b>  All of the information I have given about my medical health is correct and accurate. I am aware that giving false information or withholding details about medical conditions could cause a risk to my health. I have also been advised on how to follow health &amp; safety in the salon including how to mount and dismount the therapy bed.  I understand that Reiki is a simple, gentle, hands-on energy technique that is used mainly for stress reduction, relaxation and balancing. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances nor contradict or replace professional medical advice. 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.</p> <p>CLIENT SIGNATURE: _____ DATE: _____</p>	
<p>THERAPIST SIGNATURE: _____ DATE: _____</p>	

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