**Lisa Scroggs -Reiki Practitioner**

 **True North Energy Therapy, LLC**

**Fee for Reiki Session: $65 for a 60-minute session (includes 30-40 minute consultation)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: Zip:

E-mail:

Phone (Cell) Marital Status

Date of Birth: Age: \_\_\_\_\_\_\_\_\_\_ Sex: M / F (Other:\_\_\_\_\_)

**Per week**: Coffee/Tea (cups) \_\_\_\_\_ Cigarettes (packs) \_\_\_\_\_ Alcohol (drinks) \_\_\_\_\_

**It’s best for clients to abstain from nonprescription drugs and alcohol before and after a session. Drugs and alcohol reduce sensitivity.**

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Experienced Reiki before? Yes No

Reason for trying Reiki:

How would you rate the present state of your health? Excellent Good Fair Poor

Where is tension/stress most evident in body? (Example-neck, stomach)

Do you have a Primary Care Doctor? Yes No

Are you comfortable with touch during a Reiki session (please indicate if you prefer hands-off treatment)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any area (aside from genitals and female breasts) that you would like me to avoid during the Reiki session? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to lie on your back for the duration of the treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you able to lie on your stomach for a short time during the treatment (optional)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you experiencing any physical/emotional problems? Yes No If yes, explain:

List current medications or treatments (optional):

List previous major illnesses, accidents, surgeries or broken bones: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation or Grade in School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have children? If so, how many and ages:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle any of the following that may apply to you and a short description please**

Cancer

Headaches

Autoimmune Disease

Fainting Spells or Dizziness

Feel Panicky and/or Anxiety

No Appetite or Overeating

Stomach Trouble or/and Bowel Disturbances

Depressed

Always Worried About Something and/or Unable to Relax

Always Tired and /or Insomnia

Alcoholism or Any Addictions

Financial Problems

Heart Disease

Allergies

Asthma

Job Problems

Sexual Problems

Traumas

Memory challenges

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you get Covid? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**True North Energy Therapy, LLC**

**What might Reiki and Energy healing do for you…**

Increase energy flow and restore balance;improve sleep and mental clarity; it may reduce stress and bring about relaxation; and may help relieve pain.

Please note that the response to Reiki and Energy therapy is unique to each individual.

**Reiki and Energy healing is not a substitute for medical treatment**. It may complement many types of therapy.

Lisa Scroggs is not a doctor, nor does she practice medicine. She does not diagnose or treat for a specific illness or injury nor does Lisa Scroggs prescribe or adjust medications.

**By signing this form, “**I”, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my consent to a Reiki and Healing session. I acknowledge I have read and understand the information below.

* I understand that Reiki and Energy healing are stress reduction and relaxation techniques. I acknowledge that Reiki sessions are for the purpose of helping me relax and to relieve stress.
* I understand that the body has the ability to heal itself, and, to do so, complete relaxation is often beneficial. Long term imbalances in the body sometimes require multiple sessions to allow the body to reach the level of relaxation necessary to bring the system back into balance.
* If I have been diagnosed by a licensed health professional as having any disease, injury or other physical or mental condition, I understand that I should inform the person who made the diagnosis, about the Reiki and Energy healing sessions that I may have.
* Discontinuation of any treatment or therapy which had been previously ordered, prescribed or recommended by a licensed health professional will be discussed with a licensed health professional. I understand that by discontinuing any such treatment or therapy I agree to hold Lisa Scroggs and True North Energy Therapy, LLC free from any liability, and I assume responsibility for any negative outcome resulting from discontinuing any prescribed, ordered or recommended treatment or therapy.
* I understand I am responsible to give 48 hours cancellation notice or pay the fee in full $75. All purchases are non-refundable, non-extendable, and non-returnable. All sales are final.
* True North Energy Therapy LLC is an independent entity.

Client Signature Date

True North Energy Therapy, LLC 770-540-3506 truenorthenergytherapy@gmail.com