

Erika Chaker | The Sacred Moon Room

Client Information Form

Name _____ Pronouns _____

Date of Birth _____ Address _____

Contact Number _____ Email _____

Emergency Contact (name and phone) _____

Do you have any medical conditions/injuries that I should know about?

Do you have any mental/emotional/spiritual concerns that you would like to share with me / treat today?

Are you sensitive to touch: **Yes / No** Are you open to using pure organic essential oils in your sessions? **Yes / No**

***** YOGA ***** Have you ever practiced yoga before? **Yes / No**

Are you comfortable receiving nurturing hands-on adjustments? **Yes / No**

Yoga includes physical movements as well as an opportunity for relaxation, stress reduction, and relief of muscular tensions. As is the case with any physical activity, the risk of injury is always present. Please listen to your body in class, adjust the postures as needed, and ask for support from the teacher. Yoga is not a substitute for medical attention, and it is recommended that you consult with your physician if you have any concerns at all about your ability to practice yoga.

***** REIKI ***** Have you ever had a Reiki session before? **Yes / No**

Are you open to occasional talking during your sessions? **Yes / No**

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that 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 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 Reiki can complement any medical or psychological care I may be receiving. I also understand that the body can 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.

I hereby certify that the above information is true and complete to the best of my knowledge. I have read and understand this agreement and will not hold the session's location and/or Erika Chaker, or any of her affiliates accountable for any loss of property or any kind of injury that I may incur from my participation in the sessions.

Signature _____ **Date** _____

Privacy Notice: No information about any client will be discussed or shared with a third party without written consent of the client or parent/guardian if the client is under 18.