# Natural Elements Health Center

## Reiki Form

I, the undersigned understand that the Reiki session given is 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. Reiki practitioners do not diagnose conditions, nor do they prescribe, perform medical treatment, not 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.

Signature:_____ Date: _____

Print Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

| Progress and Treatment Record | | |
|---|---|---|
| **Date** | **Fee** | **Remarks** |
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