



Jodie De Roos

Reiki

Date of birth 18 Jul 1973

Practitioner Jodie Mehrstens

Appointment 25 Aug 2023, 2:00PM

Completed 24 Aug 2023, 9:39PM

Reiki Intake

How did you hear about us? FB

Emergency Contact Contact & Name Tim 0422816024

Have you had reiki before?
☐ Yes
☒ No

Healing hands are typically placed on your body (head, shoulders, stomach, knees and feet). A no touch option is also available (hands hovering over your body). Please indicate your preference
☒ Yes - hands on body is ok
☐ No - no physical contact please

What are your goals for this treatment session Healing

Are you currently pregnant?
☐ Yes
☒ No
☐ N/A

Are there any medical conditions that you think I should know about prior to our session? Currently being treated for depression

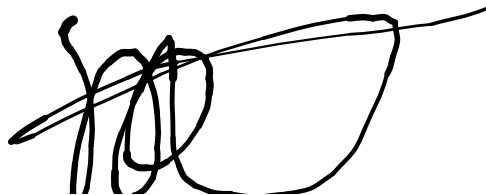
Client Consent Waiver

I verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept strictly confidential, unless I provide written consent. I hereby give my consent to receive treatments and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such services are my sole responsibility. My decision to receive services is voluntary, and I know of, understand and assume any and all the risks associated therewith. In exchange for receiving services for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge and hold my therapist harmless from any and all liability for any and all injuries, including damages or claims relating to or resulting from my receipt of the services, now or in the future, foreseen or unforeseen.

Please take a moment to read and sign the following information:

- If I experience pain or discomfort during the session, I will immediately inform my therapist. I will not hold my therapist responsible for any pain or discomfort I experience before, during or after the session.
- I understand that the services offered today are not a substitute for medical care.
- I understand that my therapist is not qualified to carry out a medical examination or provide a diagnosis and I agree not to interpret their comments as medical advice.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
- I understand that treatment is non-sexual in nature.
- I understand my medical information and treatment notes may be released to other, third-party, health practitioners whom I agree for my therapist to refer me to.
- I agree that my therapist will need to disclose my personal information, if required to by law.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present and future relating to this treatment.

Do you agree with the above terms and conditions?

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.