

REIKI RELEASE RECORD

ABOUT YOU

NAME:		
ADDRESS:		
CITY:	STATE/ZIP CODE:	
HOME PHONE:	CELL PHONE:	
EMAIL ADDRESS:		
DATE OF BIRTH:	AGE:	GENDER
MARITAL STATUS:	# OF CHILDREN:	
HOW DID YOU HEAR ABOUT OWC?		

HEALTH CONDITIONS

INSTRUCTIONS: Please check each of the diseases or conditions that you now have or have had in the past.		
<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> PAIN BETWEEN SHOULDERS
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> HEART SURGERY/PACEMAKER	<input type="checkbox"/> PAIN IN ARMS/LEGS/HANDS
<input type="checkbox"/> ARTHRITIS	<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> RHEUMATIC FEVER
<input type="checkbox"/> CHEMOTHERAPY	<input type="checkbox"/> LOSS OF SLEEP	<input type="checkbox"/> SHINGLES
<input type="checkbox"/> CONGENITAL HEART DEFECT	<input type="checkbox"/> LOW BLOOD PRESSURE	<input type="checkbox"/> SINUS PROBLEMS
<input type="checkbox"/> DIABETES	<input type="checkbox"/> LOWER BACK PROBLEMS	<input type="checkbox"/> SURGERIES:
<input type="checkbox"/> DIFFICULTY BREATHING	<input type="checkbox"/> KIDNEY PROBLEMS	<input type="checkbox"/> THYROID PROBLEMS
<input type="checkbox"/> DIGESTIVE PROBLEMS	<input type="checkbox"/> NECK PAIN	<input type="checkbox"/> TUBERCULOSIS
<input type="checkbox"/> HEADACHES/MIGRAINES	<input type="checkbox"/> NUMBNESS	<input type="checkbox"/> ULCERS/COLITIS

YOUR INTERESTS...

INSTRUCTIONS: Please check all items that you may be interested in.				
<input type="checkbox"/> WELLNESS TESTING	<input type="checkbox"/> WELLNESS PROGRAM	<input type="checkbox"/> WEIGHT LOSS	<input type="checkbox"/> HORMONE TESTING	<input type="checkbox"/> NEUROTRANSMITTER TESTING
<input type="checkbox"/> FOOD SENSITIVITIES	<input type="checkbox"/> HEAVY METAL TESTING	<input type="checkbox"/> CLEANSING DETOX	<input type="checkbox"/> VITAMINS SUPPLEMENTS	<input type="checkbox"/> NUTRITIONAL COUNSELING
<input type="checkbox"/> CHIROPRACTIC	<input type="checkbox"/> MEDITATION	<input type="checkbox"/> MASSAGE THERAPY	<input type="checkbox"/> YOGA (Adult / Teens / Kids)	<input type="checkbox"/> HEALTHY COOKING CLASSES
<input type="checkbox"/> REIKI	<input type="checkbox"/> FACIALS/WAXING	<input type="checkbox"/> COLD LASER THERAPY	<input type="checkbox"/> DECOMPRESSION	<input type="checkbox"/> HEALTHY LIVING WORKSHOPS

AUTHORIZATION FOR CARE

Please initial on each line confirming that you have read and understand the following:

- _____ I understand that the bodywork I receive is provided for the basic purpose of relaxation. I understand that bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware.
- _____ I understand that reiki practitioners are not qualified to diagnose, or prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.
- _____ Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.
- _____ I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.
- _____ I understand that cancellations or changes to an appointment must be made 24 hours in advance. I hereby authorize Optimal Wellness Center of Indiana, LLC to charge a minimum of \$40 service fee for all no show appointments and cancellations made outside the normal policy.

By signing this release, I hereby waive and release my therapist and Optimal Wellness Center of Indiana, LLC from any and all liability, past, present, and future relating to energy balancing and bodywork.

SIGNATURE:	DATE:
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Optimal Wellness Center
A Creating Wellness Center

