



Nutritional Consultation/Reiki Session Client Information and Consent Form

Name: (Please Print) _____ Age: _____ Gender: _____

Phone (home): _____ Cell phone: _____

Address: _____

Email: _____

Emergency Contact: _____

Current Medications and dosage: _____

Main concern? _____

Are you sensitive to perfumes or fragrances? _____

Are you sensitive to touch? _____

I, _____, fully understand that Aleksandra Morgan is not a Medical Doctor or Practitioner and that I am not here for medical, diagnostic or treatment procedures.

I fully understand that Nutritional Consultations provided by Aleksandra Morgan are at all times restricted to consultation on the subject of nutritional matters intended for the maintenance of the best possible state of nutritional health and do not involve diagnosing, prognosticating or prescribing remedies for the treatment of disease.

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, 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 healthcare 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 has the ability to 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.

Privacy Notice:

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

In addition, I understand if I am late for my appointment the appointment will still end at the allotted time. Each additional 15 minutes will be charged \$25.00 over the initial scheduled time providing the room is available.

Signature _____

Date _____