

REIKI THERAPY

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Consent Form

This document has been prepared in order to allow clients to become aware and properly informed as to what may transpire when they receive a Reiki treatment.

The process known as Reiki “Universal Life Force Energy”, a Japanese technique for stress reduction and relaxation that also promotes alternative healing, is the foundation of the treatment. In your treatment session, music, chimes, angel cards, gemstones and a wand may be used to assist me. Should you prefer not to have any of these used in your treatment, please advise me at the beginning of the session. I remind you that this is Your special time and that Your comfort is most important throughout the treatment.

Although Reiki is an exciting approach to helping Your body, mind and soul heal itself, I want to emphasize that the therapy performed is as a complement to traditional medicine rather than a replacement. I am not a physician, therefore I do not diagnose or prescribe anything. I do not advise you to replace any medical attention with treatments.

You may experience different sensations, physical or emotional, during the treatment and may wish to share them with me. All information is confidential. Should you experience discomfort of any sort, please advise me immediately. I welcome all feedback.

I make no promises as to the outcome of Your treatment as it is up to each individual to be responsible for their own healing process in life. Reiki therapy is a tool in this process and I sincerely hope you enjoy your treatment.

I am pleased and very blessed to have the pleasure to work with You.

I understand that Karen Sarlo makes no promises in regard to the outcome of our therapy treatment. I am responsible for my own healing process and do hereby consent to receive a Reiki treatment to assist me in this process.

Date: _____