



CLIENT INFORMATION FORM

Name (please print) : _____ Date: ____ / ____ / ____

Pronouns (please circle): he/him she/her they/them other: _____

Phone: _____ Email: _____

Address: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

Have you ever had a Reiki session before? ____ Yes ____ No

If so, how long has it been since your last session? _____

Do you have allergies or sensitivities to any perfumes or fragrances? (If yes, please list below)

Do you have a particular area of concern?

Do you have any other questions or is there information you would like me to know before our session?

Privacy Notice:

No personal and/or identifying 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.



DISCLAIMER AND WAIVER FORM

By agreeing to an energy healing session with Katie Brunetto DBA In Harmony, it is accepted by both myself and the client that these sessions are in no way replacements for licensed mental, legal, or medical support. Tarot and oracle card readings are considered energy healing and/or intuitive reading. If you are in need of mental or medical care, please do contact an appropriate professional in said field.

The contents of a Reiki, crystal healing, oracle card, or tarot card reading session are not legally binding. Any decisions made, or actions taken by you as a result of your Reiki, crystal healing, and/or tarot or oracle card reading with Katie Brunetto DBA In Harmony are your sole responsibility and have not been forced upon you, by me, your card reader and energy healing practitioner. I assume no legal liability for any damages, losses, or other consequences of any client decisions, subsequent to, or based on, my tarot card readings, oracle card readings, Reiki sessions, or crystal healing sessions. Please use your common sense and judgment at all times. It is only with the complete understanding and the acceptance of the above that your session will take place.

Katie Brunetto DBA In Harmony does not guarantee results, nor do I accept any responsibility for the outcome or results of these sessions.

Clients under 18 years of age **MUST** have a parent or legal guardian present throughout the session and must have a parent or legal guardian sign for them. By signing below and accepting this and future sessions with Katie Brunetto DBA In Harmony, you acknowledge and agree to the above and confirm that you are 18 years of age or older.

By signing below, I _____, affirm that I fully understand and agree to the above terms and forfeit all right to bring a suit against Katie Brunetto DBA In Harmony, its stakeholders, or the stakeholders of any property where Katie Brunetto DBA In Harmony is operating, including in the event of an accident in which I am harmed. I will make every effort to obey safety precautions as listed in writing and/or as explained to me verbally. I will ask for clarification when needed. I understand that oracle card readings, tarot card readings, Reiki, crystal healing, and sound healing are **not in any way a psychotherapeutic or medical relationship, and therefore are not governed by, or responsible to, relevant licensing boards. I affirm that I fully understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki is not a massage. I understand that Katie Brunetto DBA In Harmony is not a doctor or other licensed medical professional and that Katie Brunetto DBA In Harmony does not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, or interfere with the treatment of a licensed medical professional. I understand that energy healing does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment that I may have.**

Signed: _____ Date: _____

Name of legal guardian if client is under 18 years of age (please print) :

Signature of legal guardian: _____ Date: _____