



Diamond Reiki and Body Informed Consent

I, _____ hereby voluntarily request and consent to receive Reiki services from **Daniel Bachman, Reiki Practitioner**.

I understand that no guarantees have been made to me as to the effect of such services. I further understand and acknowledge that in no way are these services meant to be construed as a diagnosis or treatment of disease, but rather as an aid to balancing my energy and possibly improving my general wellness.

I understand that Reiki is not a substitute for medical treatment or medications, and it is recommended that I concurrently work with my Doctor or Primary Caregiver for any condition that I may have. I am advised that if I am sick or injured, I should consult my Doctor. I am aware that the Reiki practitioners at Diamond Reiki and Body LLC do not diagnose illness or disease and do not prescribe medication.

I understand that services provided by Diamond Reiki and Body LLC are simply intended to enhance relaxation, reduce stress, and complement licensed medical care including physical and psychotherapy.

I understand that prior to my first Reiki session, I will receive an oral explanation of and description of a Reiki session. I understand that I may refuse any and all services at any time during my first session, or at any subsequent sessions. I agree that if I experience any discomfort during the session, that I will immediately communicate that to my practitioner so that the treatment can be adjusted.

I understand that **Daniel Bachman** upholds the highest standards of care and professionalism as a Reiki practitioner and abides by all codes and ethics of the Reiki craft. Despite his licensure as a Physical Therapist Assistant, Reiki sessions are not Western medical practice, and do not fall under the purview of the Minnesota State Board of Physical Therapy.

Client Signature

Date

Reiki Professional Signature