

Know Thyself Healing & Therapy



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CLIENT INFORMATION SHEET

Please Print

First Name MI Last Name

Street Address Apt#

City /State /Zip

Mobile Phone Number Home / Office Numbers (circle one - optional)

Email Address (You will be added to our newsletter unless you Opt-out here) Emergency Contact Name and Phone Number

How did you hear about us? (doctor, nurse, office staff, flyer, postcard, website, friend, internet search) please specify: _____

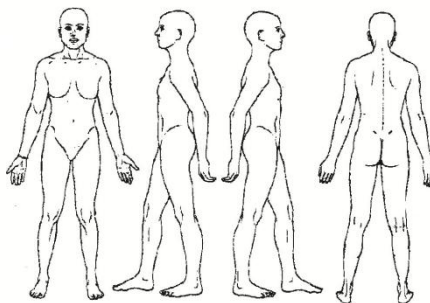
Session Type: Reconnective Healing Reiki Breathwork Other _____

Currently: Are you undergoing treatments?(circle one) YES NO | **Are you currently using medications?** (circle one) YES NO If yes, Please provide additional information: _____

Why are you requesting a healing session?

Relaxation Stress Reduction Pain Reduction Other (please explain)

For Reiki, please circle any specific areas you would like the practitioner to concentrate on during the session.



What is your session preference? (place a check mark next to the preferred method)

(Reconnective Healing is always hands-off. Reiki is recommended to be hands-on to be most effective.)

Hands-on Hands-off No Preference

Do you have any difficulty lying on your back or belly for your session? (circle one) YES NO

Do you have any concerns related to your session or is there anything else we should know? _____

(over please)



Breathwork, Reconnective & Reiki Healing are NOT a replacement for medical treatment!

Please read and agree to the following before submitting your request:

Reconnective Healing Notice:

Dwight Raatz, Eric Pearl and The Reconnection, LLC, in connection with The Reconnection® and Reconnective Healing®, including but not limited to seminars, teachings, any information and or people, including but not limited to practitioners, instructors, assistants, representatives, associates, employees, agents and or assignees, related thereto, make no promises, guarantees, representations or warranties regarding medical diagnosis and or medical treatment and are neither diagnosing nor treating specific health challenges. You are solely responsible for your own medical care. For more information on Reconnective Healing, please see our website at www.KnowThyselfHealingAndTherapy.com.

Reiki Notice:

Reiki is the pure form of healing energy. A treatment feels like a wonderful glowing radiance that flows through you and surrounds you. Reiki treats the whole person including body, emotions, mind, and spirit and creates many beneficial effects including relaxation and feelings of peace, security, and well-being. Reiki is a simple, natural, and safe method of spiritual healing and self-improvement that everyone can use.

Breathwork Notice:

Breathwork is facilitated by utilizing your own breath using rhythmic successive connected breaths to allow the body and mind to release stored and/or hidden tensions. The breath pace set by the practitioner is only a suggestion to familiarize yourself with the process. You may adjust your rate as you see fit for your own process. It is recommended that you breath more deeply and to keep a faster pace than you might normally have in order to break through to deeper levels. As always, you can adjust or stop your breath session if you feel it is necessary.

Services Notice:

Our services neither diagnose nor prescribe for disease conditions. All clients are encouraged to seek competent medical, physiological or psychological help when those services are deemed necessary. The client accepts total responsibility for his/her own health care and maintenance. Nothing said, typed, printed, or produced by us is intended or meant to diagnose, prescribe, treat a disease, or take the place of a licensed physician. This work is not medical treatment, and we do not prescribe medications and/or substances. I understand that the Reiki session given involves a natural method of energy balancing for the purpose of stress reduction, relaxation, and healing. I also understand that this is not a massage therapy session and that I will remain fully clothed unless otherwise requested by you to facilitate your healing session (except for shoes and/or socks) during the entire session. A Reiki professional will not interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I have.

I also understand and I believe that the body has the ability to heal itself and to do so complete relaxation is often beneficial. Long term imbalances in the body sometimes require multiple treatments to allow the body to reach the level of relaxation necessary to bring the system back into balance.

By signing below, I acknowledge and fully agree with all the above information and that I have received a copy of the Client Bill of Rights document outlining my rights and responsibilities with regard to receiving alternative healing.

Signature

Date

If you are younger than 21 years of age, you must have a parent or guardian's signature of authorization for this session.

Parent or Guardian Signature

Date

All Information Will Be Kept Confidential