



# HIDDEN GEM REIKI

## Consent Form

I \_\_\_\_\_ (print name) understand that the Reiki services ( Usui Reiki and Crystal Reiki) provided by Judy Johnstone (Hidden Gem Reiki) is intended to enhance relaxation, increase the natural healing capabilities within the body, and to educate me to any energetic blocks within my body that may create physical and emotional pain and disease. All sessions are non-invasive, safe, and objective. Reiki utilizes the body's own innate intelligence to re-establish communication and natural healing capabilities within itself.

I understand that I am responsible for making my own decisions and choices.  
I understand that these services are not a substitute for medical treatment or medications.  
I am aware that Judy Johnstone does not diagnose illness or disease nor does Judy Johnstone prescribe medications.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date