



Lotus Wellness Inc.  
1140 Holly Springs Road, Suite 104 - Holly Springs, NC 27540  
(919) 762-0729

To our patients:

Welcome to our office and thank you for choosing us. We will try our best to provide quality and professional services to help you. Please be advised of the following:

Please be on time to your appointment. If you are running late, kindly give us a call so we know to expect you. We request that if you will not be attending a scheduled appointment, that you cancel with 24 hour notice, as we have a patient waiting list. If you have a scheduled appointment and do not call to cancel, (with the exception of an emergency) we will reserve the right to charge you a \$35 fee as a no show.

Please be courteous to our staff. We all work hard to serve you and give you our best. Our center strives to provide the best and most knowledgeable alternative and natural therapies. We welcome your suggestions, and constructive criticism. If you like our service, please tell others, if not, please bring your concerns to our attention.

Name: (Please Print) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Current Medical Conditions & Medications:

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever had a Reiki session before? \_\_ Yes \_\_ No

If yes, when was your last session?

\_\_\_\_\_  
Do you have a particular area(s) of concern?

\_\_\_\_\_  
Are you sensitive to perfumes or fragrances? \_\_ Yes \_\_ No

Is it okay for me to use essential oils? \_\_ Yes \_\_ No



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## REIKI TREATMENT AUTHORIZATION FORM

### PATIENT INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

*\*PLEASE HAVE YOUR ID AVAILABLE FOR US TO PHOTOCOPY*

### EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

I \_\_\_\_\_, hereby authorize my treatment by Mallorie Cubillos-Scott, Certified Reiki Practitioner. I understand that Reiki is a Japanese form of relaxation. A simple, gentle, energy technique that is used for alleviating stress, pain management, stress reduction and deep relaxation. I understand that Reiki practitioners do not diagnose medical conditions, nor do they prescribe or perform medical treatment, prescribe substances, nor 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 may have. I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand the body's self-healing abilities, and that complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions to facilitate the level of relaxation needed to improve the body's self-healing abilities.

I assume sole responsibility for my own health and for the results of any sessions provided by Mallorie Cubillos-Scott that may affect my health in any way. Reiki sessions will not replace conventional medical diagnosis or treatment. I release Mallorie Cubillos-Scott and Lotus Wellness Inc., and its staff from all legal liability during my participation in the Reiki sessions. All information received by me from Mallorie Cubillos-Scott and Lotus Wellness Inc. is accepted with full knowledge that any action taken by me as a result of the information received is my complete responsibility.

Agreed as above,



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Date: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_