

Reiki Session Client Intake Form

APPOINTMENT DATE: _____

APPOINTMENT TIME: _____

NAME: _____

AGE: _____

GENDER: _____

ADDRESS: _____

ZIP: _____

STATE: _____

PHONE #: _____

How you heard about us? _____ Email: _____
(From a friend or social media, etc)

Have you ever had a Reiki session before? _____

Yes No

If yes, when was your last session? _____

How satisfied were you with your last session? _____

Number of previous sessions? _____

Are you currently under the care of a physician? _____

Yes No

If yes, provide physicians name: _____

Do you have a particular area of concern? _____

Reiki treatments can be carried out with 'hands on' or 'hands off', are you OK with hands on? _____

Yes No

If yes, are there any areas other than the obvious 'inappropriate areas' that you would not like to be touched? (i.e Face/Throat/Feet): _____

Please check any conditions you have now or have had in the past:

High BP	Diabetes	Low BP	Heart Attack	Stroke/TIA
Low Back Pain	Varicose Veins	Headaches	Arthritis	Thyroid Disease
Allergy to Nut Oils	Skin Infections	Blood Clots	Ulcer	Intense Stress
Osteoporosis	Bursitis	Seizure/Epilepsy	Bleeding Con	Eating Disorder

Any other health condition not listed: _____

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki 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 I may have. I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long-term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Client Signature: _____ (e-sign)

Date: _____

Practitioner Signature: _____ (e-sign)

Date: _____