

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: _____