

- Reiki - Client Intake Form

Name (Please Print): _____

E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact: _____ Phone: _____

How did you hear about my services? _____

Have you ever had a Reiki session before? Yes ___ No ___. If yes, date of last session: _____

Reason you are coming for Reiki and goal for this session: _____

Do you have any particular area of concern? _____

Do you have any difficulty lying on your back for the entire session? Yes ___ No ___

Are you sensitive to perfumes or fragrances? Yes ___ No ___ Are your feet sensitive to touch? Yes ___ No ___

Are you comfortable with a light touch during a Reiki session? Yes ___ No ___
(please indicate if you prefer hands-off treatment)

Do you have any additional comments or questions before we begin your session? _____

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. I understand that Reiki does not take the place of medical or psychological care. 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.

Signature _____ Date _____
(If client is a minor a parent or guardian must sign)

Privacy Notice:

No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.