

REIKI CLIENT INTAKE FORM



CONTACT DETAILS

Name: _____
Address: _____
Phone: _____ Email: _____
Emergency Contact: _____ Emergency Contact Phone: _____

MEDICAL DETAILS

DOB: _____ Occupation: _____
Please detail any recent surgery, chronic illness, or trauma:

Please detail current medications or treatment:

TODAY'S SESSION

Have you experienced Reiki before?: _____ Do you prefer a hands-off (no touch) session? : _____
What brings you here today? / Any particular concerns?:

SIGNED CONSENT

I understand that Reiki is a gentle energy technique that usually involves the practitioner's hands resting gently on or near the client's fully clothed body. I understand that Reiki treatments are for the purpose of stress reduction and relaxation. I understand that Reiki is **NOT** a substitute for medical or psychological examination, diagnosis or treatment and that Reiki practitioners are not medical doctors and do **NOT** diagnose, prescribe, or treat conditions. It is recommended that I see a qualified medical professional for any mental or physical ailment. I understand that the relaxation benefits gained from a Reiki session can help my body's natural healing processes. I acknowledge that long-standing health imbalances may require several sessions to bring the body back into harmony. I know that self-improvement requires a commitment on my part and I am willing to make positive changes in order to receive the full benefit of my Reiki sessions.

Signed: _____ Date: _____