

Reiki Intake Form

Name: _____

Complete Address: _____

Email: _____ Cell Phone: _____

Occupation: _____ Marital Status: _____ Children: _____

Date of Birth: _____ How did you hear about me? _____

Emergency Contact Name & Phone: _____

Ever had Reiki? No ___ Yes ___ If yes, when was last session? _____

What is your current stress level? High _____ Medium _____ Low _____

Physical Issues: _____

Emotional Issues: _____

Mental/Spiritual Issues: _____

I understand that: (a) Reiki is a simple, gentle energy technique used for healing on all levels of the body, (b) Reiki practitioners do not diagnose conditions, do not prescribe or perform medical treatment, do not prescribe substances, and do not interfere with the treatment of a licensed medical professional, (c) Reiki does not take the place of medical care, (d) it is recommended I see a licensed physician or health care professional for any physical or psychological ailment I may have, (e) Reiki can complement medical or psychological care I may be receiving, and (f) 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.

By signing below, I acknowledge that I have read, understand, and accept all the statements that appear above.

Signed: _____ Date: _____

If you prefer hands-**off** treatment please check here. _____

Privacy Notice:

No information about a client will be discussed or shared with any third party without written consent of the client or the parent/guardian of under-age clients.