

Reiki Client Intake Form

Name: _____

Birthdate: _____/_____/_____ (Date/Month/Year)

Home Phone: _____ Cell Phone: _____

Address: _____

City, State, Zip: _____

Email: _____

Emergency Contact: _____

Have you ever had a Reiki Treatment? _____ Yes _____ No

If yes, when was your last session? _____

Do you have any areas of concern? _____

Are you sensitive to touch? _____

Do you have any allergies? _____

Are you sensitive to perfumes, fragrances or Essential Oils? _____

Are you okay with using Aromatherapy during your session? _____

I understand that Reiki is a spiritual practice using a simple and gentle, hands-on energy technique that is used to bring balance to the body and provide relaxation. I also understand that Reiki practitioners do not diagnose medical, mental or physical conditions nor do they provide or perform medical treatment or interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place for Medical treatment. It is recommended that I see a licensed health care professional for any physical or psychological symptom I may have. I further understand that Reiki can complement any ongoing medical or psychological care I may be receiving. I understand that the body can heal itself and in order for it to do so, full relaxation can be very beneficial. I understand that long term imbalances in the body may require multiple sessions in order to create the level of relaxation needed by the body to heal itself. I have fully read and understand this disclaimer.

Signature: _____ Date: _____