

REIKI CLIENT INTAKE FORM

Client: _____ Date: _____

Parent/guardian (if under 18): _____

Email: _____ Phone: _____

Address: _____

Emergency Contact: _____

Current Medications: _____

Are you under a physician's care: _____ Physician's name: _____

Have you ever had a Reiki session: _____ When was your last session: _____

Do you have a particular area of concern: _____

Are you sensitive to touch: _____ Are you sensitive to fragrance: _____

How did you hear about us: _____

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 compliment 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 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: _____ Date: _____

Parent: _____ Date: _____

(If under 18)

No information about the 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.