



## 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.