



## Reiki Intake Form

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

How would you prefer to be contacted? E-Mail / Phone

Emergency Contact: \_\_\_\_\_

Current Medications & Dosage: \_\_\_\_\_

Are you currently under Physician care? YES NO

If YES, Please provide Physicians Name: \_\_\_\_\_

How did you hear about Fascial Bliss? \_\_\_\_\_

Have you ever had a Reiki Session before? YES NO

If YES, when was your last session? \_\_\_\_\_

Number of previous sessions? \_\_\_\_\_

Do you have a particular area of concern for treatment? \_\_\_\_\_

Are you sensitive to perfumes or fragrances? \_\_\_\_\_

Allergies? \_\_\_\_\_

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 preform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I further 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 do understand that Reiki can complement and 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 often 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Notice:

No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under the age of 18.