

## Reiki Intake Form

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

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

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

Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children: Y / N Date of Birth: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

Ever had Reiki? No \_\_\_\_\_ Yes \_\_\_\_\_ When was last session? \_\_\_\_\_

What is your current stress level? High \_\_\_\_\_ Medium \_\_\_\_\_ Low \_\_\_\_\_

Physical Issues: \_\_\_\_\_

Emotional Issues: \_\_\_\_\_

Mental/Spiritual Issues: \_\_\_\_\_

Are you currently taking prescription medication: No \_\_\_\_\_ Yes \_\_\_\_\_

[If yes, please notify your medical care professional(s) that you are receiving energy work. Some clients find a change in prescription medicine dosage may be required.]

If you prefer hands-OFF treatment please check here. \_\_\_\_\_

I understand that Reiki is a simple, gentle energy technique that is used for healing the physical, emotional, mental & spiritual levels. I understand that 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. 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 complement any medical or psychological care I may be receiving. 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 18.