

Reiki Intake Form

Name: _____

Date of birth: _____ Date of initial visit: _____

Phone: _____ Email: _____

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

The following information will be used to help plan safe and effective Reiki session. Please answer the questions to the best of your knowledge.

Have you ever had a professional Reiki session before? **yes/no**
If yes, how often do you receive sessions? _____
If yes, please briefly describe your purpose for the session and your experience:

Do you have any difficulty lying on your front or back? **yes/no**
If yes, please explain: _____

What is your goal for today's massage session? (please **circle** all that apply)
Relaxation . Wellness . Increased vitality . Stress reduction . Pain reduction
Other _____

Do you experience stress in your work, family, or other aspect of your life? yes no If yes, how do you think it has affected your health? (Please **circle** all that apply)
Muscle tension . Anxiety . Insomnia . Irritability . Headaches/Migraines
Other _____

Is there any particular area(s) of your body where you are experiencing tension, stiffness, pain, or other discomfort? **yes/no**

If yes, please explain: _____

Do you have any allergies or sensitivities? **yes/no**

If yes, please explain: _____

Are you currently under medical supervision? **yes/no** If yes, please explain:

Are you currently taking any medications? **yes/no**

If yes, please list: _____

Is there anything else about your health history that you think would be useful for your Reiki therapist to know to plan a safe and effective Reiki session for you?

Would you prefer a hands-on or hands-off Reiki session? (please **circle** one)

I, _____ (print name) understand that the Reiki I receive is provided for the basic purpose of relaxation and relief of tension and stress. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that adjustments can be made for my level of comfort. I further understand that Reiki should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician or other qualified medical specialist for any physical or mental ailment that I am aware of. I understand that Reiki therapists are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so.

Signature of client _____ Date _____

Signature of Reiki Therapist _____ Date _____

Signature of parent if client is under the age of 18 _____

