

PEACEFUL SOUL REIKI & ENERGY HEALING
Client Intake

Date and Time of Initial Appointment: _____

Name: _____ Age: ____ Birth sign: _____

Address: _____

Primary Phone: _____ Email: _____

Emergency Contact: _____

Have you had a Reiki Session in the past? YES NO

If yes, when was your last session? _____

Do you have a particular area of concern today?

In one or two sentences, state your expectations and intention for this session

Are you currently under a physician's care? YES NO

Do you take any medications? YES NO

Are you allergic to anything? YES NO

Are you sensitive to perfumes/fragrances? _____

Did you have any alcohol to drink last night? YES NO

Did you have coffee this morning? YES NO; Afternoon? YES NO

Have you used any type of pain pill in the last 24 hours? YES NO
If yes, what was the nature of the pain and the location of the pain?

How did you hear about me? _____

Informed Consent Form

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, or 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 health care professional for any physical or psychological ailment I may have. I understand that Reiki can complement any traditional 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 require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Signed: _____

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.