Reiki Intake Form

PERSONAL DETAILS

Name: _____ Date of birth: _____ dd / mm / yyyy

Gender: _____

Address:

Contact number: _____ Email: _____

Date: _____ dd / mm / yyyy

EMERGENCY CONTACT INFORMATION

Contact #1

Full name: _____ Relationship: _____

Contact information: _____

Contact #2

Full name: _____ Relationship: _____

Contact information: _____

HEALTH AND MEDICAL INFORMATION

Primary care physician's name (if applicable):

Contact information (if applicable):

Past/present injuries and/or health conditions:

Current medication/s:

Other relevant information:

REIKI SESSION INFORMATION

Have you ever had a Reiki session before?

◯ Yes ◯ No

If yes, when was your last session, and how many sessions have you had?

What is your area of concern or goals for this Reiki session?

CONSENT FORM

I understand and acknowledge that Reiki practitioners and energy healers do not diagnose conditions, perform medical treatments, prescribe substances, or interfere with the treatment of a licensed medical professional. It is clear that Reiki does not take the place of medical care and that it is recommended that I see a licensed healthcare professional for any ailment, physical or mental, that I may have. I have disclosed all of my known medical conditions to my provider and will update them on my physical, mental, and emotional health during the session. I agree that Reiki practitioners and energy healers cannot be held liable for problems that may arise or may be attributed to the session.

Client's signature:

Date: _____ dd / mm / yyyy