

Client Intake Form

Client Information

Name _____

Phone (day) _____ (evening) _____

Mailing Address _____

City, State, Zip _____

Email (*optional*) _____

Would you like to be added to our mailing list? yes no

Occupation _____

Emergency Contact Name _____

Phone _____ Relationship _____

General Information

How did you hear about us? _____

Have you ever had a Reiki session before? yes no

If yes, for what purpose? (general wellness, stress reduction, etc.) _____

What do you hope to accomplish with this Reiki session?

Relaxation Stress Reduction Pain Reduction Other-please explain

Are you sensitive to fragrances or perfumes? yes no

Would you like your session to include Aromatherapy? yes no

Do you have sensitive skin? yes no

What are your common areas of pain or tension?

List any specific areas you would like the practitioner to concentrate on during the session?

Would you prefer a hands-on or hands-off session?

Do you have any concerns related to your session or is there anything else we should know?

Client's Signature

Date

Reiki Professional's Name: _____