

# Reiki Intake Form

Patient Information			
First Name	Last Name	Preferred Name	Patient Identifier (If known)
Gender	Preferred Pronouns	Date of Birth	Marital Status
Address		City	State
Zip Code			
Email		Preferred Phone Number	
Emergency Contact			
Full Name	Relationship	Contact Number	
Full Name	Relationship	Contact Number	
Health and Medical Information			
Primary Care Physician	Address	Contact Number	
Are there any physical injuries and/or health conditions you would like to disclose?			
Please list any current medication			
What are your goals for this Reiki session? (e.g. pain relief, relaxation, etc.)			
Insurance Information (If Applicable)			
Insurance Carrier	Insurance Plan	Contact Number	
Policy Number	Group Number	Social Security Number	
Employment Status			
<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____			
Occupation	Industry	Company Name	
Company Address		City	State
Zip Code			
<p>Reiki is a technique using universal life force energy to balance energies within our bodies to heal. It is not a replacement for traditional medical treatment. You might experience floating sensation, emotional release, relaxation, centeredness, and calmness. If you experience any pain or discomfort, please inform the practitioner immediately.</p>			
Parent or Guardian Name (If Applicable)		Relationship to Patient (If Applicable)	
Signature of Patient, Parent or Guardian		Date	