

Reiki Intake Form

| Personal details | |
|--|----------------------|
| Name: | Date: |
| Date of birth: | Gender: |
| Address: | |
| Contact number: | Email: |
| 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: | |
| | |
| Allergies/sensitivities: | |
| | |

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.

Signature:

Date: