

Vitalistic Healing
Ashley Boggs Usui Tibetan Reiki Master Teacher
712.497.1025

Name: _____ Date: _____
Cell Phone: _____ Home Phone: _____
Emergency Contact: _____ Relationship: _____
Phone # for Emergency Contact: _____
Birthday: _____ Zodiac Sign: _____
Birth Time (if known): _____ Birth Place: _____
Ever had Reiki?: Yes _____ No _____
If "YES" when was your last session? _____ # Of Previous: _____
Email Address: _____
Address: _____
Who can I thank for your visit today? _____
Are you currently suicidal? Yes _____ No _____
Do you have epilepsy or have seizures?: Yes _____ No _____
Current Medications: _____

What do You want to accomplish today?

If you could put your intention for today's session, in a few sentences what would it be?

Do you have allergies to essential oils or fragrances? Yes _____ No _____
If YES _____

Do You have any phobias? Yes _____ No _____
If YES _____

Do You know what Chakras are? Yes _____ A little _____ No _____

May I place my hands on your body? Yes _____ Please stay in my aura only _____

Please Circle all that apply:

Relaxation	Weight Loss	Chronic Pain	
More Energy	Unwanted Thoughts	Fear/Phobia	
Forgiveness	Letting Go	Grief	
Spiritual Guidance	Insomnia	Hyperactive	
Balance of Energy	Panic Attacks	Guilt	
Knowledge	Guidance	Negativity	
Curiosity	Detox	Chronic Illness	
Health Issues	Chronic Disease	ODC	
Depression	Addiction	Connect to Guides	
Confidence	Shifting Habits	Personal	
Development	Acute Pain	Stress Reduction	Emotional
Trauma	PTSD	Loss of a Loved One	Hard Decision
Spiritual Awakening		Higher Self Connection	

I, (the client) agree to release ASHLEY BOGGS (Reiki Master Practitioner), of any responsibility or injury from my session(s). You affirm that Reiki is appropriate for you and does not conflict with an existing medical condition or psychiatric treatment. Always seek out and follow the advice of your physician or other professional medical practitioners before considering alternative treatment. I understand that Reiki is a simple, safe, gentle, hands-on, hands-off energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or preform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand Reiki can complement any medical or psychological 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 sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Name (Client): _____

Signature: _____ Date: _____