

# REIKI CLIENT INTAKE FORM

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How would you prefer to be contacted? (e-mail, text, phone call)

Emergency Contact: \_\_\_\_\_

Have you ever had a Reiki session before? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Reason you are coming for Reiki and goals for working with me: \_\_\_\_\_

\_\_\_\_\_

Do you have any particular area of concern? \_\_\_\_\_

Do you have any difficulty lying on your back for the entire session? Yes \_\_\_ No \_\_\_

Are you sensitive to perfumes or fragrances? Yes \_\_\_ No \_\_\_

I often use doTERRA essential oils during a Reiki session to deepen the healing effect. I will always check in with you before the session begins to make sure the essential oil I would like to use smells good to you :)

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I understand that Reiki is a simple, gentle, hands-on energy technique used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment. I understand that Reiki does not take the place of medical or psychological care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Notice: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.**