

# Stay Zen Reiki NEW CLIENT INTAKE FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male, Female, Non-binary

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

How you would prefer to be contacted: Phone call, Text, Email.

Emergency Contact Name and Phone number:

\_\_\_\_\_

Have you ever had a Reiki Session before: Yes or No

Do you have any issues with lying on your back for an extended period of time? Yes or No

Reason you are coming for a Reiki session, and goals you hope to achieve while working together?

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Are you ok with Physical touch? While Reiki is not a massage, typically a practitioner will place their hands gently on the major energy centers of the body. If this is something you are uncomfortable with, I will make adjustments for your session. It does not hinder the session.

Yes or No

Do you have a sensitivity to scents? Occasionally I use essential oils or other cleansing herbs.

Yes or No

Do you give permission for any intuitively channeled messages to be given to you?

Yes or No

Do you have any other general questions or concerns you would like answered prior to your appointment?

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