

Reiki Intake Form

Name: _____

Date of Birth: _____

Date of Initial Visit: _____

Email Address: _____

Address: _____

City / State / Zip: _____ / _____ / _____

Emergency Contact Name: _____

Emergency Contact Phone: () _____

Relationship: _____

**The following information will be used to help plan safe and effective Reiki sessions.
Please answer the questions to the best of your knowledge.**

Have you ever had a Reiki session? ☐ Yes ☐ No

If yes, how often do you receive Reiki? _____

If yes, please describe outcome you hoped for from your previous Reiki session(s), and what your actual experience was:

Do you have any difficulty lying on your front or back? ☐ Yes ☐ No

If yes, please explain:

What is our goal for today's Reiki session? (Please mark all that apply)

☐ Relaxation ☐ General Wellness ☐ Increased Vitality ☐ Stress Reduction

☐ Pain Reduction ☐ Improved Sleep ☐ Other: _____

Do you experience stress in your work, your family, or another aspect of your life? ☐ Yes ☐ No

If yes, how do you think it has affected your health? (Please mark all that apply)

☐ Muscle Tension ☐ Anxiety ☐ Insomnia ☐ Irritability ☐ Headaches/Migrains

☐ Other: _____

Is there a particular area(s) of the body where you are experiencing tension, stiffness, pain, or other discomfort? ☐ Yes ☐ No

If yes, please explain:

Do you have any allergies or sensitivities? ☐ Yes ☐ No

If yes, please explain:

Are you currently under medical supervision? ☐ Yes ☐ No

If yes, please explain:

Are you currently taking any medications? ☐ Yes ☐ No

If yes, please list:

Is there anything else about your health that you think would be useful for your Reiki practitioner to know to plan a safe and effective Reiki session for you?

Would you prefer a hands-on or hands-off Reiki session? (Please mark one)

☐ Hands-On ☐ Hands-Off

Reiki Consent Form

I, _____ (print name) understand that the Reiki I receive is provided for the basic purpose of relaxation and relief of tension and stress. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that adjustments can be made for my level of comfort. I further understand that Reiki should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician or other qualified medical specialist for any physical or mental illness, and that nothing said during the session should be construed as such. I affirm that I stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Signature of Client: _____

Date: _____

Signature of Practitioner: _____

Date: _____

Signature of Parent: _____
(if client is under the age of 18)

Date: _____