The Healing Center
Reiki Clinic Intake Form

Name:____

Date of initial visit: __________________

Phone: ______________________ Email: ______________________

Address:____

City/State/Zip:_______________________________________

Emergency Contact Name: ____________________________

Phone: ______________________ Relationship: _________________

Have you ever had a Reiki session before? Yes / No

If yes, how often do you receive Reiki and what was it for?
____

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

If yes, please explain: ____

What is your goal for today's Reiki session? (please circle all that apply)

Relaxation * Wellness * Increased vitality * Stress reduction * Pain reduction

Other ____

Is there a particular area(s) of your body where you are experiencing stress, 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: ______________________________________

____

Is there anything else about your health history that you think would be useful for us to know?

____

____

____

Would you prefer a hands-on or hands-off Reiki session? (please circle one)

I, ___________________________ (print name) understand that the Reiki received today is provided for the basic purpose of relaxation and relief of tension and stress. 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 ailment. I understand that Reiki practitioners are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the Reiki Clinic Session given should be construed as such.

Signature of client ___________________________ Date __________

Reiki Clinic Supervisor initials ______