

Reiki client consultation form

Name _____ Date _____

Phone number _____ Mobile number _____

Address _____

Post code _____

Email _____

Emergency contact name and number _____

Any current medications _____

Are you currently under the care of a GP? YES NO

If yes please give name & phone number _____

Have you ever had a Reiki treatment before? YES NO

If yes, when was your last session? _____

Do you have a particular concern, problem, emotion or illness that you would like to concentrate on? _____

Are you sensitive to touch? YES NO

Are you sensitive to perfumes/incense? YES NO

how did you hear about us? Banner, Website/internet, Word of mouth, Other

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand the Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatments, prescribe substances, nor interfere with the treatment of a licensed professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licensed physician or 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 the long term imbalance in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Signed _____ Date _____

Are you happy for me to contact you about offers, events, promotions, & relative information?

Yes No

Reason for session:

* Relaxation and stress reduction

* Specific Issue: _____

* Physical _____

* Emotional _____

* Mental/spiritual _____

Changes since last session: _____

Observation before _____

Observation after _____

Post session notes _____

Follow up planned _____

Home work/books/meditations _____
