



Client Intake Form - Reiki Session

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Where did you hear about me? _____

Have you had Reiki before? _____

What do you hope to accomplish with this session?

Are you sensitive to fragrances such as incense and candles?

Do you have any health conditions I should be aware of?

Do you have trouble laying on your stomach? _____ Back? _____

Would you prefer hands on or hand off treatment? _____

Do you have any concerns related to your session or is there anything else you want me to know?

Client Signature: _____ Date: _____

Please complete this form and return before your reiki session.