

## Reiki Intake and Consent Form

In order to focus on the energy work during our Reiki session, please fill out this form beforehand and bring it with you. Any information you share will remain confidential and is optional.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

Below, please provide information you would like to share about your physical and emotional states.

What is the primary reason for your visit? :

\_\_\_\_\_

\_\_\_\_\_

Physical state (0 is no pain and 5 is extreme pain):

What is the level of your physical pain? 0 1 2 3 4 5  
Where?

Emotional state (0 is no stress and 5 is extreme stress):

What is your level of stress? 0 1 2 3 4 5  
Anxiety? 0 1 2 3 4 5  
Other relevant emotions: \_\_\_\_\_ 0 1 2 3 4 5

Any other information you think would be important to communicate:

\_\_\_\_\_

\_\_\_\_\_

Are you open to work on positive visualization or simple meditation techniques during the session? Yes No

What is it you would like to work on during your session?

This can be on a physical, emotional or spiritual level.

If you know the answer already, write it down or think about it before the session:

\_\_\_\_\_

I understand that Reiki is not massage, but rather energy work that the practitioner performs with her hands by lightly touching or hovering just above the body. I also understand that Reiki practitioners do not diagnose conditions, prescribe substances, or interfere with the treatment of a licensed medical professional.

A minimum of 24 hour notice is required to reschedule or cancel an appointment. I understand for broken appointments, no shows and less than 24 hour notice, I will be charged in full for the scheduled time.

Signature and date:

\_\_\_\_\_

\_\_\_\_\_