



REIKI INTAKE FORM

INTAKE DATE: _____

NAME: _____

ADDRESS _____

EMAIL: _____

PHONE: _____ DATE: _____

DATE OF BIRTH: _____ ASTROLOGICAL SIGN: _____

MARITAL STATUS: _____ PROFESSION: _____

PARENTS: ALIVE/DECEASED YOUR RELATIONSHIP WITH MOTHER/FATHER/ SIBLINGS

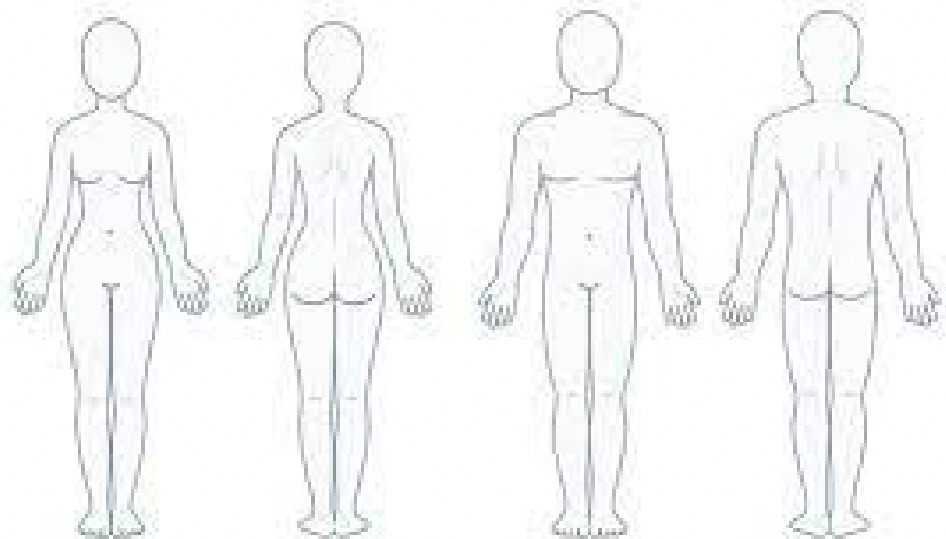
BRIEFLY EXPLAIN REASON / INTENTION FOR VISIT _____

LIST CURRENT/ RECENT TREATMENTS OR MEDICATIONS: _____

LIST ANY SURGERIES AND/OR IMPORTANT HEALTH HISTORY: _____

ANY LIFE TRAUMA AND/OR ADDITIONAL INFO THAT YOU FEEL COMPELLED TO SHARE: _____

RELIGIOUS AFFILIATION/ UPBRINGING & BELIEFS: _____



Circle any problem areas