

New Client Intake Form
Namaste Spiritual Reiki & Healing

Name: _____

Address: _____

Phone # _____

Email: _____

Emergency Contact: _____ Phone: _____

Have you ever had any type of Reiki/Energy Healing/Crystal Light Therapy Before?

Yes _____ No _____ How long ago? _____

I am receiving a Reiki Session/Crystal Light Therapy Session for: (Please check all that apply)

_____ Anxiety

_____ Depression

_____ Stress Relief

_____ Fatigue/Insomnia

_____ Health Issues

_____ Obtaining Clarity

_____ Grieving/loss of loved one

_____ Chronic Pain

_____ Mental Well-being

_____ Spiritual Well-being

_____ Routine Chakra Balancing

_____ Other _____

What are you hoping to accomplish with your Session?

Do you have any difficulty laying on your back for the entire session? _____

The Following only applies to Reiki Sessions

Are your feet sensitive to touch? _____

Are you comfortable with a light touch during your session? Pelvic and breast area (for women) always hands above Yes _____ No _____ (If NO I will go just above and not touch)

There are times when I am intuitively drawn to use the following: (Please check those you do not want to have used)

____ Crystals (usually laid on or next to clients body)

____ Pendulum

____ Crystal Bowls (Sound Healing)

____ Essential Oils

I am not a Psychic but there are times when I do receive messages from Guides etc. If this happens do you wish to hear them? Yes _____ No _____

I understand that Energy Healing is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment. I understand that Reiki/Energy Healing/Crystal Light Therapy does not take the place of medical or psychological care. I understand that Reiki/Energy Healing/Crystal Light Therapy 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 long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Signature: _____ Date: _____

(If client is a minor a parent or guardian must sign)