



A Touch of Balance

Client Intake Form

Client Information (Please print)

Name _____

Phone (home) _____ (mobile) _____

Mailing Address _____

City, State, Zip _____

Email _____

Emergency Contact Name _____

Phone _____ Relationship _____

General Information

How did you hear about us? _____

Have you ever had a Reiki session before? Yes _____ No _____

What do you hope to accomplish with this Reiki session?

Relaxation _____ Stress Reduction _____ Pain Reduction _____

Other _____

Are you sensitive to fragrances or perfumes? Yes _____ No _____

Do you have sensitive skin? Yes _____ No _____

What are your common areas of pain or tension? _____

List any specific areas you would like the practitioner to concentrate on during the session.

Would you prefer a hands on _____ or hands-off _____ session?

Is there anything else you would like us to know? _____

Signature _____ Date _____

