

# Client Intake Form

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Full Name:

Address:

Phone:

Email:

Are you happy for me to hold your details on file?    Yes/No

Reason for session (If you're happy to disclose!) Circle any that apply.

- ❖ Relaxation
- ❖ Physical Ailment/pain
- ❖ Emotional/Mental and/or Spiritual
- ❖ Other

Are you happy for hands on?    Yes/No

(I can do hands hovering just above if preferred)

**Is there anywhere on the body you do not like being touched or are not comfortable?**

(I always hover at your Root chakra: Around the private/pelvic area. Also some clients do not like being touched around throat/neck area)

**Have you ever had Reiki before?      Yes/No**

**Are you sensitive to smells - perfumes, candles or room sprays?      Yes/No**

**Please note I cannot perform Reiki on anyone with the following:**

- ❖ Pacemakers
- ❖ Broken bones (that have not yet set)
- ❖ Fever
- ❖ Blood pressure medication

**Practitioner to complete after session**

**Chakra Blocks/Observations/Notes:**