

Client Intake Form

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 or tick any that apply.

- ❖ Relaxation
- ❖ Physical Ailment/pain
- ❖ Emotional/Mental wellbeing
- ❖ 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 are not comfortable being touched?

(Some clients do not like being touched around throat/neck or feet)

Have you ever had Reiki before? Yes/No

Are you sensitive to smells - perfumes/candles/room spray/incense? Yes/No

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

- ❖ Pacemakers
- ❖ Broken bones (that have not yet set)
- ❖ Fever
- ❖ ⚠ Please advise if you are on any blood pressure medication as the Reiki will need to be amended for caution with the heart area.

By signing below you understand I am not a doctor & cannot provide any medical advice - if you have any health concerns please seek advice from a medical professional. You also give me permission to enter your energetic field and perform the necessary energy work I intuitively provide.

Your Signature: