

# THE ALTAR HOUSE - REIKI SESSION INTAKE FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Emergency Contact (optional): \_\_\_\_\_

Have you received Reiki before?

☐ Yes    ☐ No    ☐ Unsure

How are you feeling emotionally and physically today?

Is there anything you're hoping to receive or release today?

Any sensitive areas to avoid? (injuries, traumas, etc.)

Do you prefer a silent session or light guidance/reflection?

☐ Silent    ☐ Gentle conversation    ☐ Open to both

**POST-SESSION NOTES (for practitioner use):**

Energy blocks observed:

Chakras needing support:

Rituals or support recommended:

