



Child Full Name:		DOB:
Address:		Male / Female
Post Code:		
Parents/Next Of Kin Name:		Relationship:
Email Address:		
Tel No:		
Would you like to be included in our email list of promotions? YES <input type="checkbox"/> No <input type="checkbox"/>		

How did you hear of us?	
Has the above named ever had Reiki before? YES <input type="checkbox"/> No <input type="checkbox"/>	

What would you like to accomplish from this Reiki Session?		
Aid Relaxation <input type="checkbox"/>	Help Improve Sleep <input type="checkbox"/>	Energy Blocks <input type="checkbox"/>
Stress Reduction <input type="checkbox"/>	Emotional Cleansing <input type="checkbox"/>	Harmony Balancing <input type="checkbox"/>
Help Relieve Tension <input type="checkbox"/>	Strengthen Self-Esteem <input type="checkbox"/>	More Energy <input type="checkbox"/>
Help Relieve Anxiety <input type="checkbox"/>	Balance Energy Centres <input type="checkbox"/>	Self-Awareness <input type="checkbox"/>
Help Relieve Pain <input type="checkbox"/>	Chakra Balancing <input type="checkbox"/>	Spiritual Intuition <input type="checkbox"/>
Any other Reason:		
Do you or the named child have any concerns related to your session today?		
Has the named child every had any other alternative therapy before? YES <input type="checkbox"/> No <input type="checkbox"/>		
If Yes please state:		

Does the named child have any existing medical conditions? YES <input type="checkbox"/> No <input type="checkbox"/>
If yes please state:
Is the named child on any Medication? YES <input type="checkbox"/> No <input type="checkbox"/>
If Yes please List:
Does the named child have any hip/knee/feet related issues? YES <input type="checkbox"/> No <input type="checkbox"/>

Do you consent to the named child having hands on healing? YES <input type="checkbox"/> No <input type="checkbox"/>
Does the named child mind their feet being touched? YES <input type="checkbox"/> No <input type="checkbox"/>

I give consent for the named child above to have a Reiki session	
Signature:	Date:
Print Name:	Relationship: