



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

<b>Emergency Contact details</b>	<b>Relationship:</b>	
<b>Name:</b>	<b>Tel No:</b>	

<b>How did you hear of us?</b>	
<b>Have you ever had Reiki before? YES <input type="checkbox"/> No <input type="checkbox"/></b>	

<b>What would you like to accomplish from this Reiki Session?</b>		
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"/>
<b>Any other Reason:</b>		
<b>Do you have any concerns related to your session today?</b>		
<b>Have you every had any other alternative therapy before? YES <input type="checkbox"/> No <input type="checkbox"/></b>		
<b>If Yes please state:</b>		

<b>Do you have any existing medical conditions? YES <input type="checkbox"/> No <input type="checkbox"/></b>
<b>If yes please state:</b>
<b>Are you on any Medication? YES <input type="checkbox"/> No <input type="checkbox"/></b>
<b>If Yes please List:</b>
<b>Do you have any hip/knee/feet related issues? YES <input type="checkbox"/> No <input type="checkbox"/></b>

<b>Do you consent to hands on healing? YES <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Do you mind your feet being touched? YES <input type="checkbox"/> No <input type="checkbox"/></b>

<b>I consent that I'm over 18 and that I agree to have a Reiki session today</b>	
<b>Signature:</b>	<b>Date:</b>