



**SEVEN EMBERS HEALING**  
*New Client Intake Form*

**PERSONAL HISTORY (Please Print)**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\* Email: \_\_\_\_\_

**Have you ever had a Reiki session before?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**How do you feel?**

On a scale of 0-10, how would you rate your **pain and/or discomfort** (0=none; 10=severe)? \_\_\_\_\_

On a scale of 0-10, how would you rate your **stress and/or anxiety** (0=none; 10=severe)? \_\_\_\_\_

**List any allergies:** \_\_\_\_\_

**Are you sensitive to essential oils?** \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

**Are you sensitive to touch?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**During a Reiki session I will have you turn over and lie on your stomach, is that okay?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Emergency Contact:** \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Privacy Notice:**

*No information about any patient will be discussed or shared with any third party without written consent of the patient or parent/guardian if the patient is under 18.*

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

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

*Name of parent/guardian if the patient is under 18:*

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

How did you hear about me?

\_\_\_\_ Family/Friend (name: \_\_\_\_\_)

\_\_\_\_ Online \_\_\_\_\_

*Would you like to receive any of the following emails:  
be sure to write your \*email clearly on the form where indicated)*

\_\_\_\_\_ *Specials / Discounts / Promotions*

\_\_\_\_\_ *Upcoming Community Events that I/we partake*

\_\_\_\_\_ *Upcoming Reiki and Other Classes*