Spiritually Elevate

# POST REIKI SESSION FORM

**Client:**_____ **Date:**_____

**Session Notes:**_____

_____

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_____

**Root Chakra:**_____

_____

**Sacral Chakra:**_____

_____

**Solar Plexus Chakra:**_____

_____

**Heart Chakra:**_____

_____

**Throat Chakra:**_____

_____

**Third Eye Chakra:**_____

_____

**Crown Chakra:**_____

_____

**Client experience notes:**_____

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_____

Using a scale of 1 - 5, 1 being minimum 5 being maximum

**Level of peace before session** _____

**Level of peace after session** _____

**Practitioner:**_____