# REIKI INTAKE FORM

## FOR A SAFE & INTENTIONAL SESSION

TRAUMA-INFORMED NOTICE

Your sessions are facilitated by a trauma-informed Reiki practitioner. Your comfort, boundaries, and sense of safety are the foundation of every session. You are always in control — you may pause, adjust, or end a session at any time without explanation or judgment. There is no pressure here, only presence.

**PERSONAL INFORMATION**

First Name _____ Last Name _____
Email Address _____ Phone Number _____
Date of Birth _____ Pronouns/Nickname _____

Emergency Contact — Name & Phone _____

**INTENTION & GOALS**

What brings you to Reiki today?

What would you like to feel at the end of your session?

Have you received Reiki or energy work before?
◯ No, this is my first session ◯ Yes, a few times ◯ Yes, I receive regularly

**TOUCH PREFERENCE**

Reiki can be offered with light hands-on touch, hovering just above the body, or a combination. All approaches are equally effective. Please check your preference.

◯ Hands-On
Light, gentle touch resting on or near the body. Grounding and direct.

◯ No Touch / Hovering
Hands held just above the body, without physical contact.

◯ Combination
A blend of both — light touch in some areas, hovering in others.

◯ Let's Discuss
I'd like to talk through options before the session begins.

Areas to avoid or give extra care (optional):

**HEALTH & WELLNESS**

This information helps your practitioner support you as a whole person. Share only what feels comfortable — all responses are held in strict confidence.

In case of an emergency or unexpected situation, are there any medical conditions, medications, or treatments we should be aware of to best support you during the session?

**Is there anything else you'd like your practitioner to know?**

**ENVIRONMENT PREFERENCES**

Sound preference during session:

◯ Soft ambient / nature ◯ Singing bowls ◯ Gentle instrumental ◯ Silence preferred ◯ No preference

Aromatherapy / scent:

◯ Yes, I welcome it ◯ Please avoid (sensitivity or preference) ◯ No preference

Any other comfort notes (lighting, temperature, breaks, etc.):

**INFORMED CONSENT**

Reiki is a gentle, non-invasive complementary wellness practice. It is not a substitute for medical care, diagnosis, or treatment. By participating, you affirm that you understand Reiki's supportive, holistic nature.

Your practitioner is trauma-informed and committed to maintaining a safe, boundaried, and respectful space. You have the right to withdraw consent at any time, adjust your preferences, or end the session without pressure or judgment. All information shared in this form is held in strict confidence.

□ I understand that Reiki is a complementary practice and does not replace medical or psychological care.

□ I consent to receive Reiki according to my stated touch preferences, and understand I may adjust or withdraw consent at any time.

□ I confirm that the information I have shared is accurate to the best of my knowledge.

Signature _____

Date _____

Confidential · Thank you for trusting us with your care