

**Client Documentation Form
for follow up sessions**



Holistic Healing House
"Enlightenment Healings with Spiritual Growth"

Client Name: _____ Date: _____

Reason for Session: _____ Relaxation and Stress Reduction _____ Specific Issue

Physical / Emotional / Mental / Spiritual:

Changes since last session:

Observation / Scan before Reiki Session:

Observation / Scan after Reiki Session:

Post Session Notes:

Length / Type of Session: _____ Follow up Planned: _____

Practitioner Name: _____