

Client Intake Form

Client Information

Name _____

Phone _____

Mailing Address _____

City, State, Zip _____

Email _____ Add to mailing list? _____

Occupation _____

Emergency Contact Name _____

Phone _____ Relationship _____

General Information

How did you hear about us? _____

Have you had a Reiki session before? _____

Are you sensitive to Aromatherapy or smells in general? _____

Do you have sensitive skin? _____

What are your common areas of pain or tension?

List any specific areas you would like to concentrate on during your session?

Would you prefer a hands-on or hands-off session? _____

Do you have any concerns related to your session or is there anything else we should about? _____

Clients's Signature _____ Date _____

Reiki Professional's Name: _____ Date _____