



Reiki Client Intake Form

Name: _____

Mailing address: _____

Phone and Email: _____

Emergency Contact Name and phone: _____

Have you ever had a Reiki Session before: _____

If yes, what was the purpose ex. Health, stress reduction:

What are you hoping to address with this session:

Are you sensitive to fragrances, in particular essential oils: _____

What are your common areas of pain or tension: _____

List any areas in particular you would like the practitioner to focus on:

Would you prefer hands on or hands off session: _____

Do you have any concerns about this session or anything you would like the practitioner to know: _____

Client's Signature: _____

Reiki Practitioner's Name _____

Save and send to jan@heartstoneenergy.com