

# REIKI CLIENT INTAKE & CONSENT FORM



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Address: (optional) \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Number) \_\_\_\_\_

Referred By: \_\_\_\_\_

Have you ever received reiki healing before? Y/N If so, when \_\_\_\_\_

How do you feel about your life?

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What's your goal for today's session?

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Can you lie face up and face down? \_\_\_\_\_ If not, can you sit comfortably in a chair? \_\_\_\_\_

Are you allergic to any fragrances? \_\_\_\_\_

Please list all allergies \_\_\_\_\_

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Please check all Spiritual Items you're comfortable with being used within your session:  
(They may or may not be used when available)

Crystals \_\_\_ Sage \_\_\_ Healing Music \_\_\_ Singing Bowls \_\_\_ Essential Oils \_\_\_

Palo Santo \_\_\_ Native Rattles \_\_\_ Candles \_\_\_ Water \_\_\_

Would you like to join my email list? (Y/N) Email: \_\_\_\_\_

## Consent Statement:

Please initial each statement then sign at the bottom

I, \_\_\_\_\_, understand that this is an energy healing session that contains “laying of the hands” onto my body. I understand that I can be fully clothed (however, no shoes) during this session. I understand that there will be no touching of the breast, buttocks, and private regions. I understand that my reiki healer will respect my body and my concerns. I understand that the hands placed upon my body are of traditional placement and intuitively placed. I understand that my reiki healer will never violate my person and if I feel uncomfortable at any time, I have the right to say so.

I, \_\_\_\_\_, understand that this healing session is not a substitute for traditional medicine, but a compliment. It is recommended that I seek professional medical and/or psychological treatment for any ailments, physical or mental, I may have. I understand that I am receiving reiki healing upon my request and my healer is not responsible for any outcomes after the healing has been completed.

I, \_\_\_\_\_, understand that while the effects of Reiki are safe and can be pleasant, Reiki can possibly cause changes within my life that may or may not include, releasing negative patterns, relationships that no longer serve dissolving, people who no longer match my frequency leaving my life, and karmic ties being released. These are only some of the possibilities and I understand that they may or may not be “comfortable” experiences.

I, \_\_\_\_\_, understand that at my reiki healer has the right to terminate the session at any time for personal safety reasons or for spiritually guided reasons.

X \_\_\_\_\_ Date \_\_\_\_\_