

REIKI & INTUITIVE ENERGY HEALING INTAKE FORM

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is it ok to contact you via email? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

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

Emergency contact & phone# \_\_\_\_\_

Are you currently/within the last year been under the care of your Primary Care Dr.? \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ What conditions?  
\_\_\_\_\_

Have you ever received Reiki or Energy Healing? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you sensitive to fragrances or touch? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any allergies:  
\_\_\_\_\_

Do any of the following apply to you today:

\_\_ Open Cuts \_\_ Injury \_\_ Cold/Flu \_\_ Anything Contagious?

Have you had a fever in the las 24 hours of 100F or above? \_\_\_\_\_

Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? \_\_\_\_\_

Have you been in contact of someone in the last 14 days who has been diagnosed with COVID-19 or has corona-virus type symptoms? \_\_\_\_\_

Have you travelled out of state in the last 14 days? \_\_\_\_\_

Personal History Please check any conditions you have now or have had in the past.

\_\_\_\_\_ High/Low Blood Pressure \_\_\_\_\_ Low Back Pain \_\_\_\_\_ Allergy to Nut Oils \_\_\_\_\_ Osteoporosis \_\_\_\_\_

Diabetes \_\_\_\_\_ Pregnant \_\_\_\_\_ Varicose Veins \_\_\_\_\_ Bursitis \_\_\_\_\_ Skin Infections \_\_\_\_\_ Hypo or /Conditions \_\_\_\_\_

\_\_\_\_\_ Low Blood Pressure \_\_\_\_\_ Bleeding conditions \_\_\_\_\_ Heart Attack / Stroke \_\_\_\_\_ Arthritis \_\_\_\_\_

Headaches \_\_\_\_\_ Blood Clots \_\_\_\_\_ Seizure/Epilepsy \_\_\_\_\_ Ulcer \_\_\_\_\_

TREATMENT CONSENT FORM

I understand that the Reiki and Energy Healers do not diagnose illness, disease, or mental disorder. Nor do they prescribe medical treatment or pharmaceuticals. It has been made clear that energy healing is not a substitute for medical examination or diagnosis and that it is recommended that I see a physician for any physical or mental ailment. With this in mind I agree that the Reiki and Energy Healers cannot be held liable for any problems that might arise from the receiving of this energy healing season. I have

stated all of my known medical conditions to my provider and if necessary I will update my physical, mental, and emotional health. I acknowledge that the Reiki and Intuitive Energy Healers practice for the purpose of providing mental/emotional/physical and spiritual support using Intuitive Healing Techniques. I attest that I understand the nature of the treatment and freely elect to receive treatments. I release the providers from any and all claims of malpractice, non-disclosure, or lack of informed consent.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date \_\_\_\_\_

You may list your goals, concerns, and questions here or wait until your session begins.

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**LATE CANCELLATION/MISSED APPOINTMENT AGREEMENT Please provide 24 hours advance notice of any changes or cancellations. Appointments that are missed/rescheduled/cancelled with less than 24 hours notice will be billed for the full session price.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### WHAT TO EXPECT

A typical session lasts for 30 minutes to one hour and begins with the client lying down on a massage table fully clothed, minus shoes and glasses (if the client wears them). Relaxing music is available if the client chooses, but is not required. We make every effort to be sure that each client feels safe and comfortable. Before your session begins, you can discuss any of your thoughts or concerns. You can also choose to talk or ask questions during your session or relax and remain silent, meditate or nap. The provider will work above your body or lightly place their hands on various parts of your body. If you do not wish to be touched please let your Reiki Master know. They will feel for places where the energy is stagnant or where the energy is deficient. They may work with the chakras (centers of energy of the body). You may let your provider know if there is a specific area that you would like addressed. The provider may feel heat, cold or a tingling sensation in their hands indicating that there is some type of block or stagnation of energy in a particular area. They also receive impressions about an area or areas of a person's life that may be in need of attention. They will usually relay her impressions and what she is feeling with her hands to her client during the session, but sometimes will wait until the end to go over any questions or feelings (both physical and emotional) that come up. Most people feel very relaxed as sessions allow for the release of physical, emotional and spiritual pain or blockages. This allows the individual to begin making the necessary changes, and shifts in awareness towards a more positive life experience. At the end, you and your provider can check in about anything that came up for you during the session.