Ascension Energy Healing
Reiki Session Client Intake Form

APPOINTMENT DATE: _____   APPOINTMENT TIME: _____

NAME: **AGE:**   **GENDER:**

ADDRESS: **ZIP:**

STATE: **PHONE #:**

How you heard about us? _____   Email: _____
(From a friend or social media, etc)

Have you ever had a Reiki session before?   ● Yes ● No

If yes, when was your last session?   _____

How satisfied with your last reading?   _____

Number of previous sessions?   _____

Are you currently under the care of a physician?   ● Yes ● No

If yes, provide physicians name: _____

Do you have a particular area of concern?   _____

_____

_____

Reiki treatments can be carried out with 'hands on' or 'hands off',   Yes ●   No ●
are you OK with hands on?

If yes, are there any areas other than the obvious 'inappropriate areas' that you would not like to be touched? (i.e Face/Throat/Feet): _____

Please check any conditions you have now or have had in the past:

Condition		Condition		Condition		Condition		Condition	
High BP	●	Diabetes	●	Low BP	●	Heart Attack	●	Stroke/TIA	●
Low Back Pain	●	Varicose Veins	●	Headaches	●	Arthritis	●	Thyroid Disease	●
Allergy to Nut Oils	●	Skin Infections	●	Blood Clots	●	Ulcer	●	Intense Stress	●
Osteoporosis	●	Bursitis	●	Seizure/Epilepsy	●	Bleeding Con	●	Eating Disorder	●

Any other health condition not listed: _____

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long-term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Client Signature: _____ (e-sign)   Date: _____

Practitioner Signature: _____ (e-sign)   Date: _____