

Integrative Healing Arts, LLC
Reiki Energy Healing Intake Form
Offices in New Milford and Kent, CT

Please note that all information (written or obtained during a session) is kept confidential.

Name: _____

Date of Birth: _____ *Date of initial visit:* _____

Email: _____ *Phone:* _____

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Phone: _____ *Relationship:* _____

The following information will be used to help plan safe and effective Reiki sessions. Please answer the questions to the best of your knowledge.

Per the clients request, I am able to incorporate essential oils and flower essences. I will only use them if it is first approved by you and we will create a unique blend to assist in relaxation and releasing emotional blocks.

Is it ok with you that I employ the use of Essential Oils? _____

Is it ok with you that I employ the use of Flower Essences? _____

Have you ever had a Reiki session before? yes / no

If yes, how often do you receive Reiki? _____

If yes, please briefly describe your purpose for the session and your experience:

Do you have any difficulty lying on your front or back? yes / no

If yes, please explain: _____

What is your goal for today's Reiki session? (please check all that apply)

*Relaxation * Wellness * Increased Vitality * Stress Reduction * Pain Reduction*

Other _____

Do you experience stress in your work, family, or other aspect of your life? yes / no

If yes, how do you think it has affected your health? (Please check all that apply)

Muscle Tension / Anxiety / Insomnia / Irritability / Headaches/ Migraines

Other: _____

Is there a particular area(s) of the body where you are experiencing tension, stiffness, pain, or other discomfort? yes / no

If yes, please explain: _____

Do you have any allergies or sensitivities? yes / no

If yes, please explain: _____

Are you currently under medical supervision? yes / no

If yes, please explain: _____

Are you currently taking any medications? yes / no

If yes, please list: _____

Is there anything else about your health history that you think would be useful for me to know to plan a safe and effective Reiki session for you?

I, _____ (print name) understand that the Reiki I receive is provided for the basic purpose of relaxation and relief of tension and stress. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that adjustments can be made for my level of comfort. I further understand that Reiki should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician or other qualified medical specialist for any physical or mental ailment that I am aware of. I understand that Reiki practitioners are not qualified to diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on her part should I fail to do so. 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. I also understand that flower essences do not replace treatment by a duly licensed health-care professional and any information provided to me is not intended as a medical claim and is not intended to diagnose, cure or treat any health or wellness situation.

Signature of Client _____ Date _____

Signature of Reiki Practitioner _____ Date _____

Signature of parent/guardian if client is under the age of 18 _____ Date _____
