

# Client Intake Form

## Personal Information

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Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ OK to email promos? Y / N

Emergency Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## Well-Being & Comfort Information

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Are you pregnant?                      Yes                      No                      Prefer not to say

*This information simply helps me ensure your session is grounding, gentle, and comfortable. Energy healing is a supportive, non-medical modality and is not a substitute for prenatal care.*

## Healing Information

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If at any time during the session, you feel unwell or uneasy, please advise your healer. You're welcome to provide insights/experiences during the session if it will assist in the session, or you can advise upon the closure of the session.

Have you ever had energy healing or Reiki performed before?                      Yes                      No

If yes, how long ago and what was the outcome? \_\_\_\_\_

Have you ever had any other holistic or natural healing performed before?                      Yes                      No

If yes, what was it, and how long ago and what was the outcome? \_\_\_\_\_

What are your goals for this healing session? Tick all that apply:

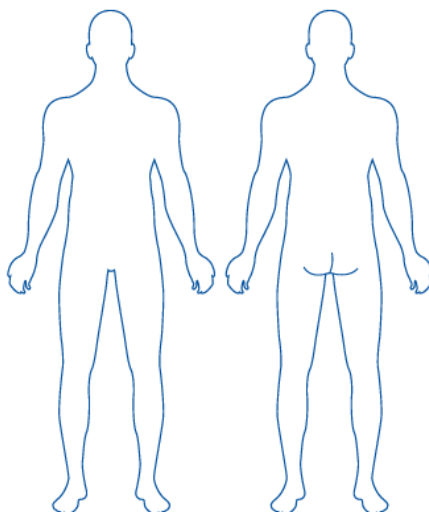
Physical relief                      Yes                      No                      If yes, please explain: \_\_\_\_\_

Emotional relief                      Yes                      No                      If yes, please explain: \_\_\_\_\_

Spiritual relief                      Yes                      No                      If yes, please explain: \_\_\_\_\_

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If applicable, mark the areas of concern on the chart below:



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**☀ Client Acknowledgment**

By signing below, I confirm that I have answered these questions honestly and to the best of my ability. I understand that Reiki and energy healing are gentle, non-invasive practices that support the body's natural ability to restore balance. I acknowledge that this session is a complementary modality and is not a substitute for medical or mental health care.

I agree to communicate openly during my session and to notify my practitioner if anything changes regarding my comfort or well-being.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**☀ Practitioner Acknowledgment**

By signing below, I commit to holding this session with compassion, integrity, and loving intention. I agree to facilitate this healing work for the client's highest good, and to clearly explain what to expect before, during, and after the session. I honor the client's boundaries, sovereignty, and energetic space, offering support without judgment or force.

**Practitioner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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