

Client Intake Form

"It's not just energy work - it's Sol work."

Personal Information

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

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

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? _____

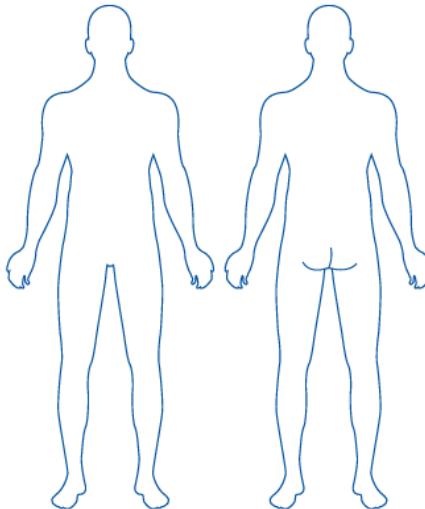
What are your goals for this healing session? Tick all that apply:

Physical relief Yes No If yes, please explain: _____

Emotional relief Yes No If yes, please explain: _____

Spiritual relief Yes No If yes, please explain: _____

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



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: _____