



Inner Peace Pathways
Reiki Client Intake Form

Client Information

Name: (Please Print) _____

Address: _____ City, _____ State, _____ Zip: _____

Phone (home): _____ Cell phone or evening: _____

Email(optional): _____ Occupation _____

Emergency Contact: _____ Relationship: _____

Phone (home): _____ Cell _____

General Information

How did you hear about me? Google Website Friend Other _____

Have you ever had a Reiki session before? Yes No

If yes, for what purpose? (general wellness, stress reduction, etc) _____

What do you hope to accomplish or goals for today's Reiki session?

Relaxation Stress Reduction Pain Reduction Other-please explain

Would you prefer a hands-on or hands off session?

Are you sensitive to fragrances or perfumes: Yes No

Would You like your session to include Aromatherapy? Yes No

Do you have sensitive skin? Yes No

Are there areas you would like the practitioner to concentrate on during the session.

Do you have any concerns about this session you feel the practitioner should know?

Client Signature

Date

Reiki Practitioners Name: _____

Privacy Notice:

No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.