



Client Intake Form

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____ Referred by: _____

Emergency Contact: _____ Phone: _____

Do you have a current self-care regimen? YES NO

If yes, please describe: _____

What is your experience with energy sessions and/or energy body work?

Do you have any treated or untreated medical conditions? YES NO

Please identify, if any: _____

Are you currently taking any over the counter or prescription medications, herbs and/or other supplements? YES NO

If yes, what are they: _____

What caused you to seek out a Reiki session at this time?

I understand that Reiki is a form of hands on, or hands off, energy work for the purpose of supporting and assisting my overall health and well-being. I understand that Reiki does not take the place of medical or psychological care, and if I need any form of medical or psychological care I will seek it out according to my own beliefs. Furthermore, I understand that Reiki practitioners are not qualified to diagnose, adjust, prescribe, or treat any disease or illness. My decision to pursue energy work is voluntary and I release Empowered Psyche and/or the Reiki Master from liability and assume full responsibility thereof.

Client or Guardian Signature Date

Printed Name of Guardian (if applicable) Relationship to Client