REIKI SESSION INTAKE FORM

Name: **Date:**

Session Length:

Have you had a Reiki Session before?

Reason for Session: ____Stress Reduction/Relaxation

____Specific Issue

Circle: Physical Emotional Mental/Spiritual

I understand that Reiki is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions and that it does not take place of regular medical care. I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that my 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.

Client Signature: _____ Date: _____

Tranquil Healing
Massage Therapy