

Reiki Healing Intake Questionnaire

Full Name

Date of Birth

Email Address

Phone Number

Address

Occupation

How did you hear about us?

Health Information

Current Health Conditions/Concerns

Are you currently taking any medication?

Do you have any allergies?

Medical history or surgeries

Have you tried Reiki or other energy healing modalities before?

What are your intentions or goals for this session?

Additional Information