



Reiki & Energy Healing Client Intake Form

Each service provider keeps the information you provide on this form confidential. For this reason, if you see more than one therapist, you will be asked to fill out this form again. Thank you for understanding, and apologies for any inconvenience.

Name _____ Date of Birth _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Pronoun Preference _____ Occupation _____

Emergency Contact _____ Emergency Contact Phone _____

Have you had reiki or energy healing before? Yes No

If yes, how often? _____

Do you have difficulty lying on your back? Yes No

If yes, please describe _____

Do you have any questions or concerns about receiving reiki or energy healing today?

How do you feel...

Physically? _____

Emotionally? _____

Mentally? _____

Spiritually? _____

Are you aware of recurring patterns in your life? _____

What is uncomfortable in your life? _____

Do you have emotional triggers? _____

What are your personal healing intentions for your session today? _____

Please let us know of any health concerns you'd like us to be aware of. _____

Is there anything else your service provider should know to make your session as therapeutic as possible? _____

I, _____ (print name) understand that the massage services I receive at Green Lotus are for the purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during massage sessions, I will immediately inform the therapist so that the pressure or massage techniques may be adjusted to my level of comfort. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, or diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. I understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician or other qualified medical specialist for physical or mental ailments. Because massage should not be performed under certain medical conditions, I affirm that I have stated all known medical conditions and answered all questions honestly. I agree to keep the therapist updated regarding any changes in my medical profile and I understand that there shall be no liability on the therapist's part should I fail to do so. It is my choice to receive massage therapy. I am aware of the benefits and risks of massage and consent to receive massage. I understand that there is no implied or stated guarantee of success or effectiveness of massage techniques. I understand that my health care records, communications, and transactions with the practitioner shall be kept confidential, unless I authorize the release of records in writing. Clients under the age of 18 must be accompanied by a parent or guardian and informed written consent must be provided.

Signature

Date

Print Name

Parent/Guardian Signature

Date

Parent/Guardian Print Name